Ensuring Young Children in Yamhill County Identified At-Risk for Developmental, Behavioral & Social Delays Receive Follow-Up Services

Stakeholder Group to the OPIP Project Providing Consultation to YCCO and Yamhill Early Learning Hub

April 14th, 2016
5:30pm-7:30pm
YCCO Board Room

*Please Note: The project was supported by Funding Opportunity Number CMS-1G1-12-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services. That said, the content described on this page and disseminated through the project is solely the responsibility of OPIP does not necessarily represent the official views of HHS or any of its agencies.

OPIP
Oregon Pediatric Improvement Partnership

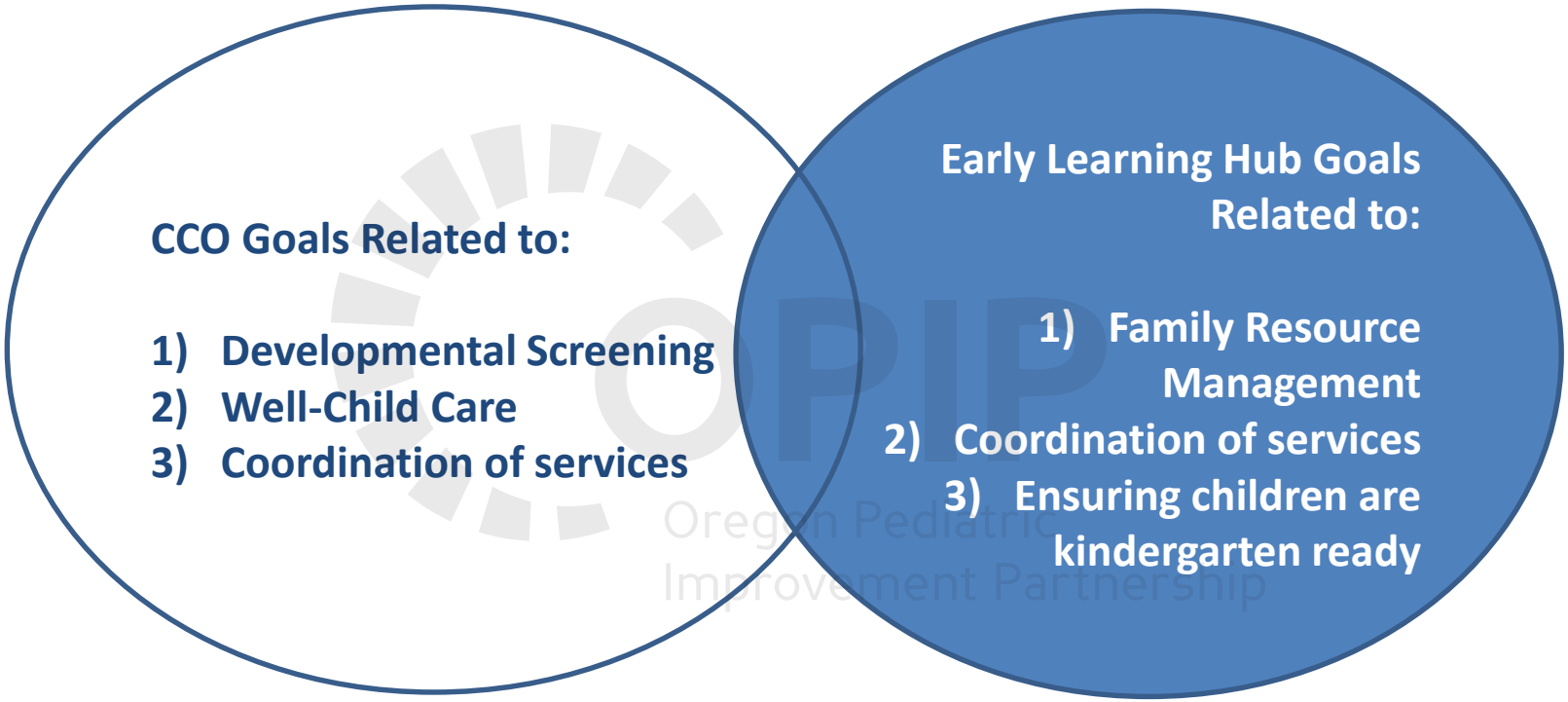
Objectives for Today's Meeting

- To review key learnings from **stakeholder interviews** conducted and confirm implications for the areas of focus within the **referral and triage map**
- To review **relevant data collected** by key partners and confirm implications for the areas of focus within the **referral and triage map**
- To review **proposed priority areas of focus** within the referral and triage map and pilot sites
  - Within those priority areas, proposed methods to **understand, evaluate and learn** from improvement efforts, confirm commitments to collect data

Project Funding: A Refresher

- The Oregon Health Authority supporting the Oregon Pediatric Improvement Partnership (OPIP) to provide consulting and technical assistance to a community pilot focused on ensuring children identified at-risk for developmental, behavioral, and social delays receive follow-up services.
  - One year-project – January-December 2016
  - Report to Child Health and Well-Being Group, Within OHA and Title V (Public Health), & Transformation Center
  - Every other month meetings with OHA stakeholders, including Early Learning Division
- Meant to address areas of synergy in the goals of the CCO and Early Learning Hub

Sweet Spot for the Project: Where the Goals Overlap



New Funding to Support WESD, Implementation in Yamhill, Efforts in Marion and Polk and Summary Across All Three Counties

- Willamette Education Service District (WESD) received funds to improve processes focused on children referred to EI found ineligible

  (Funding ends June '17)

  - Effort focused across the counties WESD serves: Marion, Polk & Yamhill
  - Provides support for WESD to meaningfully participate in this work, including evaluation data tracking

- WESD is contracting with OPIP to ensure work across all three counties, including support for implementation, & summary of findings (May'16-June '17):

  - Support <u>implementation</u> in Yamhill through June 2017, summary of evaluation tracking data
  - Support efforts in Marion and Polk *(which is helpful for Yamhill work given primary care practices serve children in those counties)*
  - Summarize findings across Marion, Polk and Yamhill Counties

Four Primary Activities for this Yamhill Project

1. **Engage and facilitate key stakeholders** on the **shared goal** of ensuring children identified **at-risk receive follow-up** services that are the best match for the child and that are **coordinated** across systems.

2. Develop a **triage and referral system map** that can be used to identify the best set of services for children identified at-risk, using the Ages and Stages Questionnaire, and that ensure that services are accessed.

3. Develop methods and processes for how **care can be coordinated**, at a child-level, across **primary care and community-based providers.**

4. **Summarize key learnings** to inform spread and innovation in other communities.

Activity #1: Engage and Facilitate Key Stakeholders

- Engagement focused on developmental screening and opportunities and barriers to ensure children identified at-risk via these tools receive follow-up services that are:
  1) The **best match for the child**
  2) **Coordinated** across systems
- **"At risk" defined as children who fail the ASQ**

Specific Tasks within Activity #1 for January –April:

1. Convene stakeholders to provide input and to receive periodic summaries (You are this group. This is the 2nd meeting)
2. Conduct key stakeholder interviews among early learning system, early intervention, community-based providers, primary care providers, health system representatives, 211 and parents of young children (*Feb-March*)
3. Recruit parent advisors (*Feb-April*)

Stakeholder Interviews

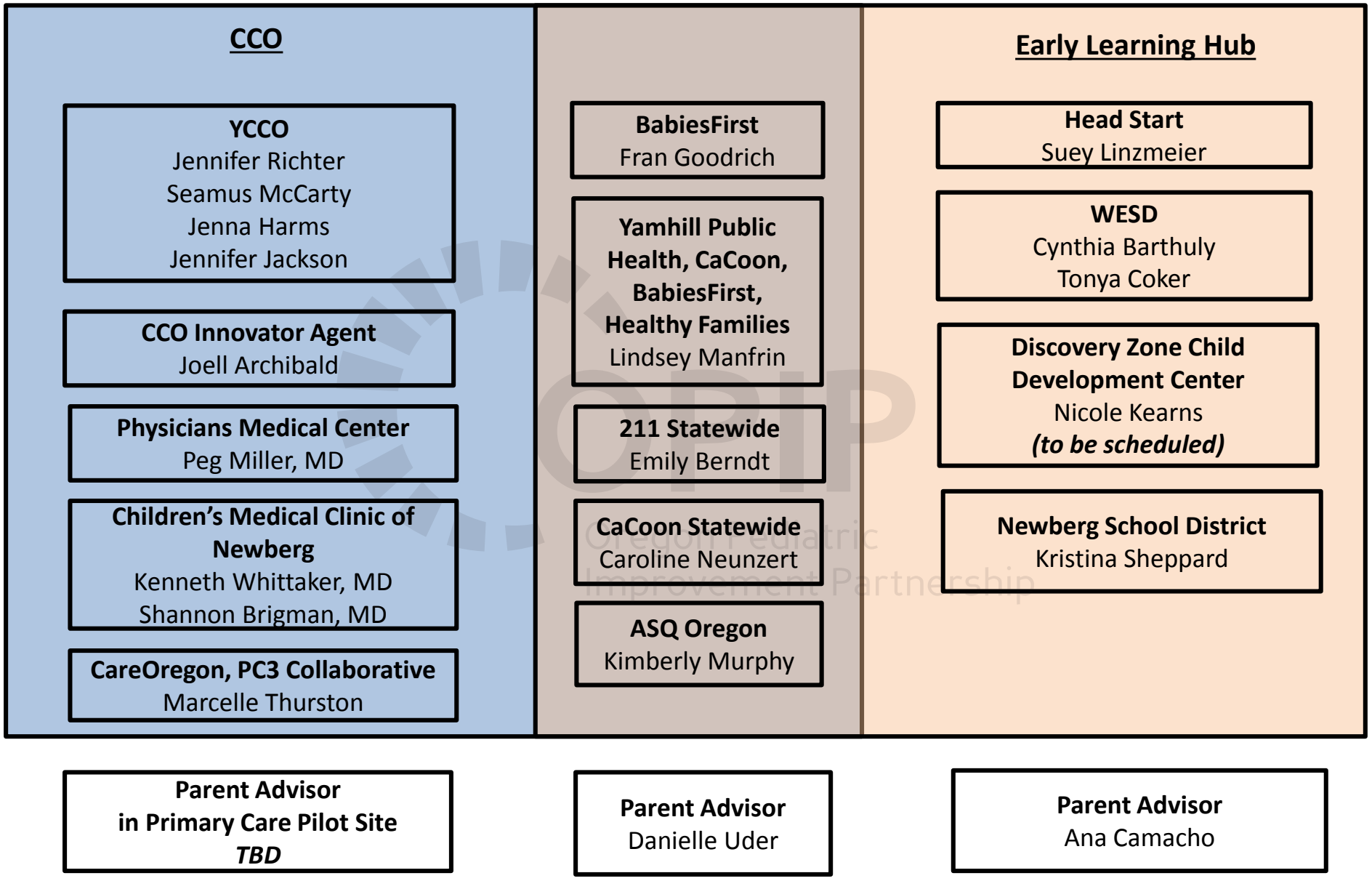
- Interviewed each person from this stakeholder group and additional people identified as key stakeholders at the meeting
- **Interview structure:**
  - Overview of the project
  - Hear from each person about:
    - What is working,
    - What he/she hopes to improve, and
    - Where they think there is the greatest need for a focus
    - Their processes and systems related to screening and follow-up
- OPIP found it valuable to, where applicable, interview the state-level person overseeing the program to get a broader state-level perspective

Activity #1: Engage and Facilitate Key Stakeholders

- Conducted **24** interviews in total
- **Stakeholders Interviewed:**
  - Head Start/Early Head Start
  - Early Intervention *
  - CaCoon *
  - Babies First *
  - Healthy Families *
  - Newberg School District
  - Child care centers
  - 211 *
  - ASQ Oregon
  - Primary care sites
  - CCO staff * and QI/Performance Improvement (PIP) Staff
  - Innovator agent
  - Parents (Recruiting 2 parent advisors)

* OPIP also interviewed State liaisons for programs with *

Stakeholder Interviews - Yamhill



Outreach to Primary Care Providers Jan-April: Strategy Used to Inform Project

- Reached out to the top four primary providers of children under three in YCCO (*N=1270*)
    1. Physicians Medical Center (*N=533*)
    2. Virginia Garcia McMinnville (*N=176*)
    3. Brigman/Whittaker(*N=169*)
    4. Providence Newberg (*N=97*)

- Marcelle Thurston (CareOregon, PC3 Collaborative) reached out to practices as well
    - That said, she noted concern given the developmental screening measure is not a focus and practices are being asked to focus on a number of things
    - Noted the value in practices with highest numbers and/or screening rates piloting the efforts and then sharing their learnings with peers
    - Future spotlight at a group meeting before or after PC-3 Meetings

- Honed in outreach and interviews to top providers conducting developmental screening (*given focus on follow-up*) and that had sufficient numbers of young children
    - **Physicians Medical Center (PMC)**
    - **Brigman/Whittaker**

Parent Advisors

- Intentionally recruiting parents that can provide perspective on at least one of the following:
  - Hispanic or Latino
  - Referred to services and did not access
  - Received services
  - Received services, yet there were gaps

- Current state of recruitment:
  - **Parent #1:** Ana Camacho
  - **Parent #2:** Danielle Uder
  - **Parent #3:** Will recruit a parent from a pilot site or engage existing parent advisory groups the sites

Stakeholder Interviews: Important Framing Regarding Presentation of Learnings

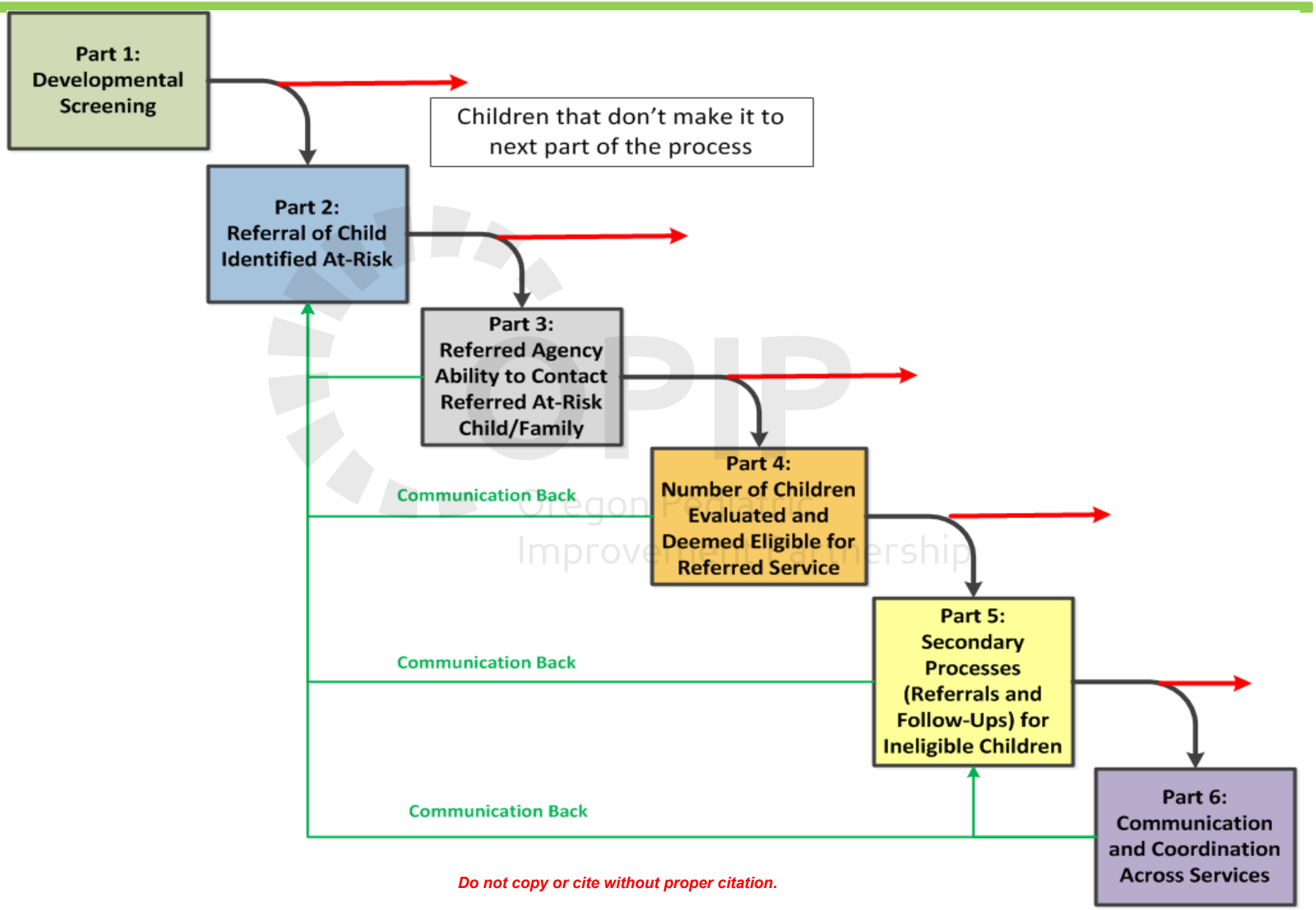
- Sharing learnings relative to key processes and steps within the Referral and Triage Map
  - Anchors our focus to existing processes
  - Assists us in our discussion about which specific parts of the referral and triage map will be a priority given stakeholder input about barriers

    (can't focus on them all, a goal for today is to pick priorities)
  - **Therefore, within each spotlight of key learnings we will list our perceptions of the implications for this project → this is where your group-level input is valuable**
- **Value of each perspective**
  - This community has a resounding commitment to do the best for kids in the area and to support collaboration & communication (*this community is incredible*!)
  - OPIP intentionally conducted individual interviews to share at this group-level meeting to understand each person's experience, perspective and perception
    - There may be areas where experience and perception may not be the same across partners - we will highlight areas of difference and agreement
      - These will be areas that we may choose to hone in and focus on getting more data & information to understand better
    - That said, everyone's perspective and perception is valid from their viewpoint
- Strict use of Parking Lot Board as we review the findings

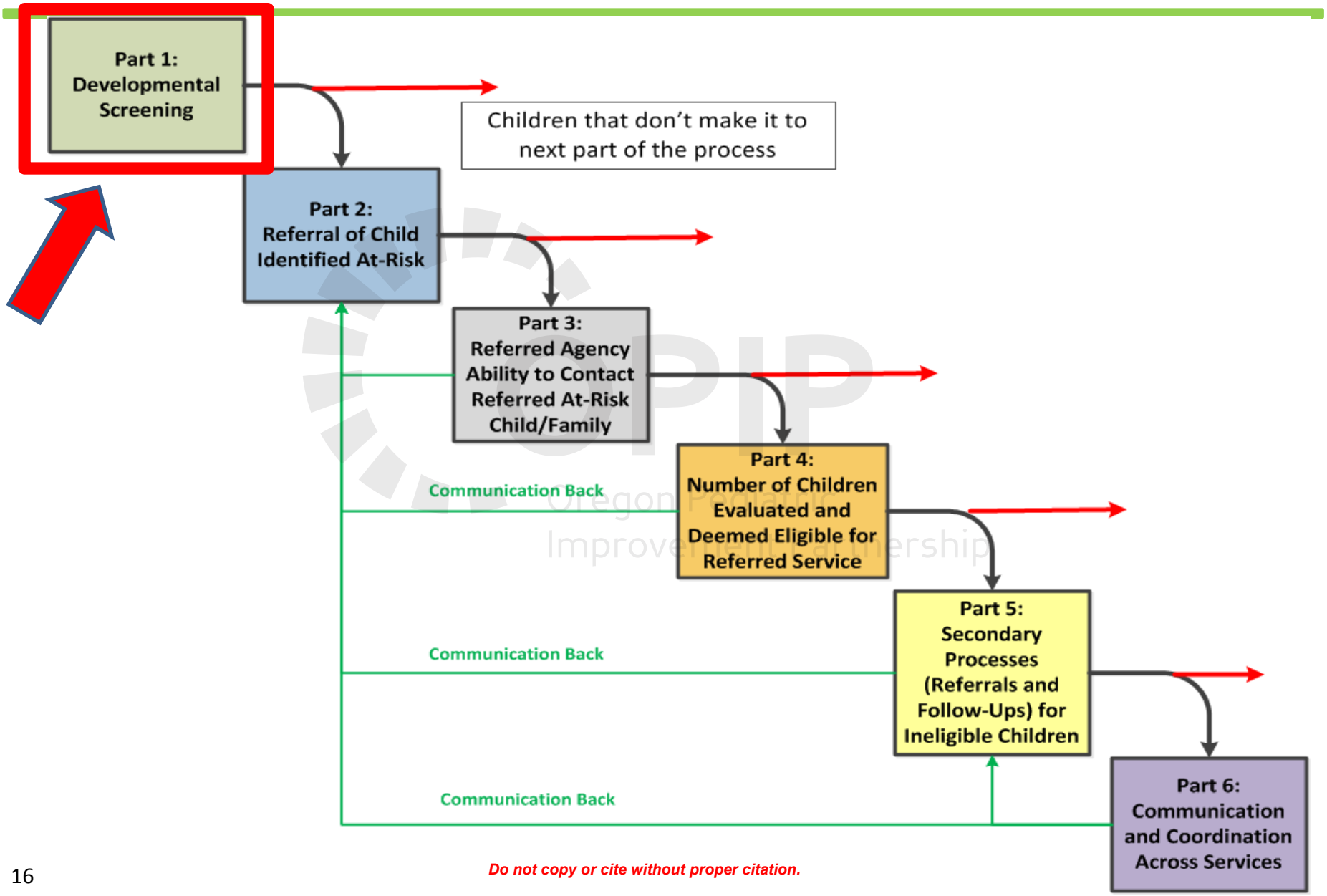
Referral and Triage Map Design Parameters

- Anchored to follow-up steps for children identified at-risk using the Ages and Stages Questionnaire (ASQ)
- First anchor of the map is those that are doing standardized developmental screening
  - Recognize that the people doing the screenings may **serve children who live outside** Yamhill County
    - Therefore, in order to make a <u>feasible</u> process that will be <u>implemented</u>, we need to think about processes for all children screened in those settings, and then specific process for children in Yamhill County
  - Recognize that the people doing the screenings serve **publicly, privately and uninsured children**
    - Understanding service eligibility and potential triage of services based on insurance is an important factor to consider

Referral and Triage Map: Strawman



Referral and Triage Map: Strawman

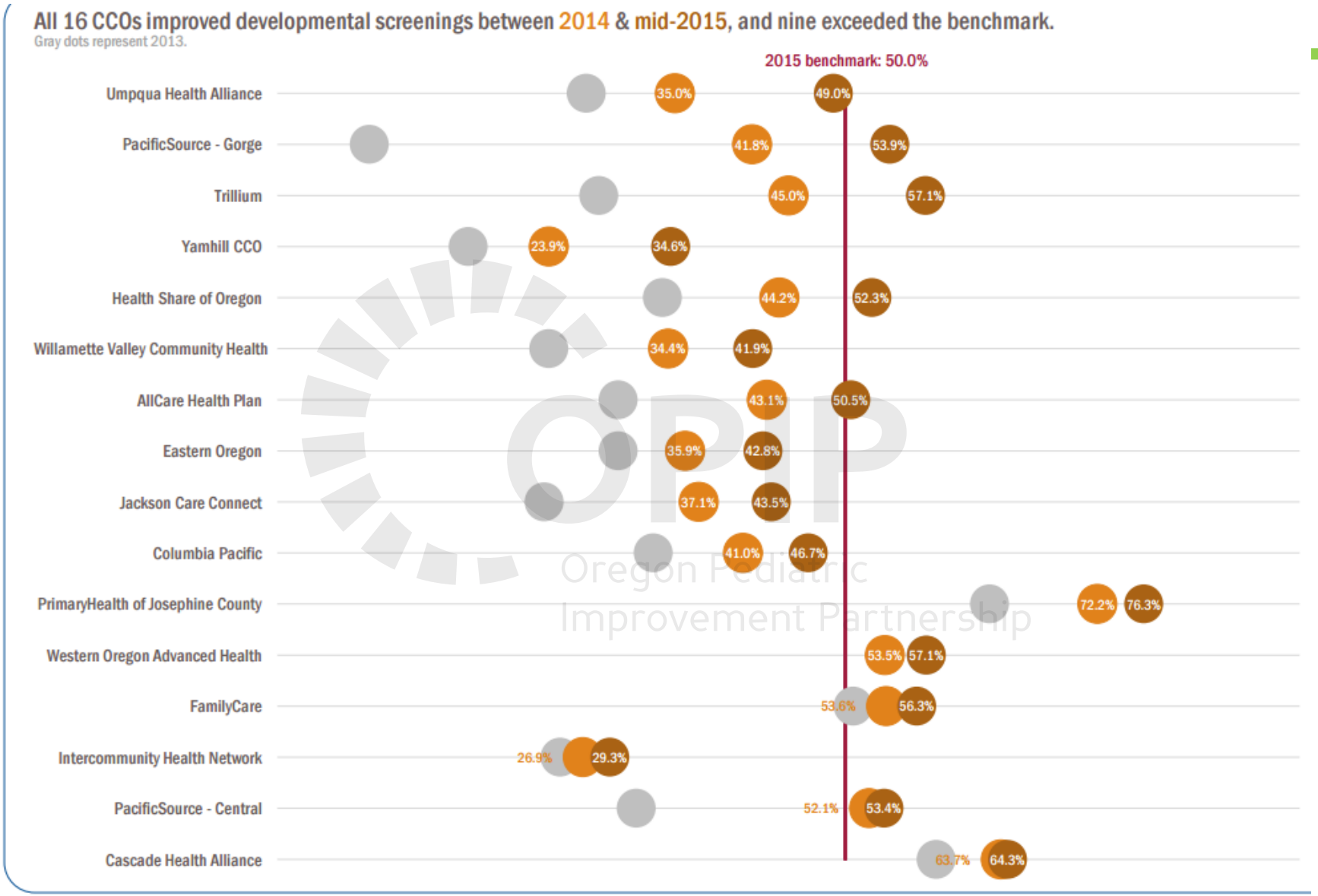


Stakeholder Interviews Findings:
Part 1: Developmental Screening – Current Systems and Processes

- **YCCO Incentive Metric**
  - **1/3 children (34.6%) are receiving a screen that you can bill 96110**

    Source: 2015 Mid-Year OHA Report
    - YCCO data based on claims through 11/27/2015 had rate of 50.6%
  - **Means that majority of kids are NOT being screening**
    - For Early Learning Hub success, this rate needs to increase
    - Within OHA, considerations underway about appropriate benchmark rate
    - Important for Yamhill to consider as the need for services for children identified at-risk may be a 1/3 of what is really needed
  - **Variations in screening rates by age of child**
    - Screening rates go down as the child age goes up
      - Screening rates higher for the "by 1" age group than the "by 3" age group
      - Likely due to lower well-visit rates
      - That said, screening tools more accurate at older ages
      - Children lose eligibility for key services at 3
  - **Currently includes 96110's submitted for MCHAT screens**
    - MCHAT identifies a significantly smaller population of children than an ASQ – specific to Autism

Developmental Screening



2015 Mid-Year Performance Report
January 20, 2016

Oregon Health Authority
Office of Health Analytics

OPIP

Stakeholder Interviews Findings:
Part 1: Developmental Screening – Current Systems & Processes

Group conducting developmental screening:

- **Group 1: Primary Care Practices**
  - Significant variation in screening rates by practice (*Highest practice - 78.4%)*
  - Interviewed two practices (*Physicians Medical Center (PMC) & Brigmann/Whitaker*) about their developmental screening processes
  - PMC screening rates for YCCO patients: *49.3%*
  - PMC screening rates for their full panel likely to be less
    - Publicly insured often have higher rates

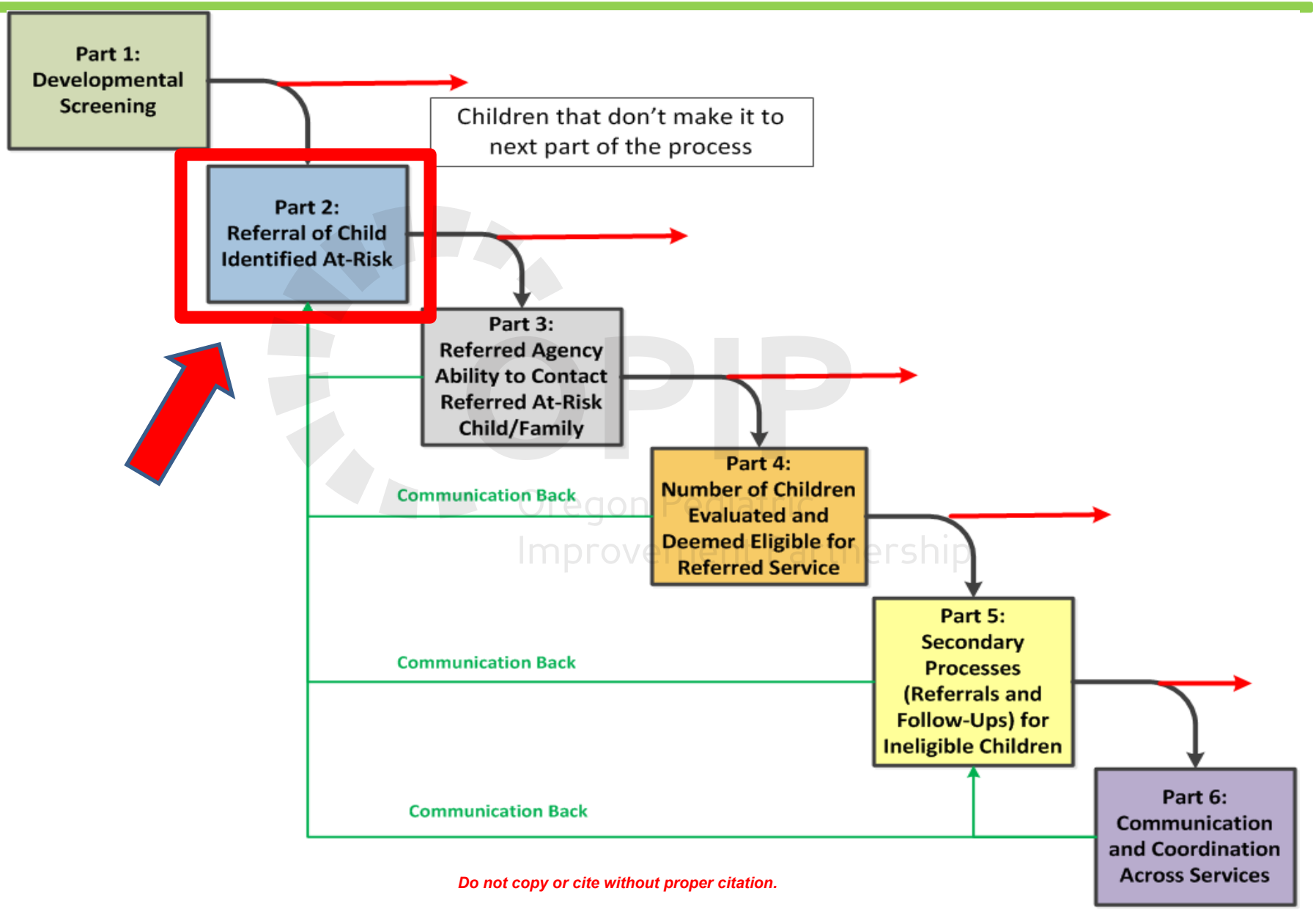
Stakeholder Interviews Findings:
Part 1: Developmental Screening – Current Systems and Processes

- **Group 2: Community-Based Settings**
  - Home Visiting: Babies First, CaCoon
  - Head Start/Early Head Start
  - Early Intervention (New to Family Core)
  - Childcare centers (Not part of Family CORE group that meets weekly)
    - At least 12 childcare centers in Yamhill County doing developmental screening based on QRIS rating (this includes 4 Head Start sites)
  - Parents completing ASQ online (Not part of Family CORE group that meets weekly)
    - 411 ASQs completed in Yamhill County 2011 to Now (5 years)
      - 78% from parent or guardian
      - 16% childcare provider (50% of these coming from Newberg, the rest spread out)
      - 5% from teacher
- Unclear how many unique children screened in these settings, that said – safe to assume that there is considerable overlap in the children (but overall #s small)
  - One potential is to identify the number of children in each program within Family Core and assume screening occurs

Findings Related to Part 1: Developmental Screening – Implications for Referral and Triage Map

- Practice-level support needed to enhance screening rates
- As screening continues, the need for capacity and resources to address those identified at-risk is imperative
  - At least half of the children in Yamhill under 3 are not being screened
    - New metric related to immunization screening by 2 may increase well-visit rates, which hopefully will have an impact on developmental screening rates
  - Practices who may be doing autism only or primarily autism screening at the 18-month and 24 month-visit identify a sig. lower number of children identified at-risk
  - Important to consider sustainable and long-term capacity of the providers in the referral and triage map if these rates increase

Referral and Triage Map: Strawman

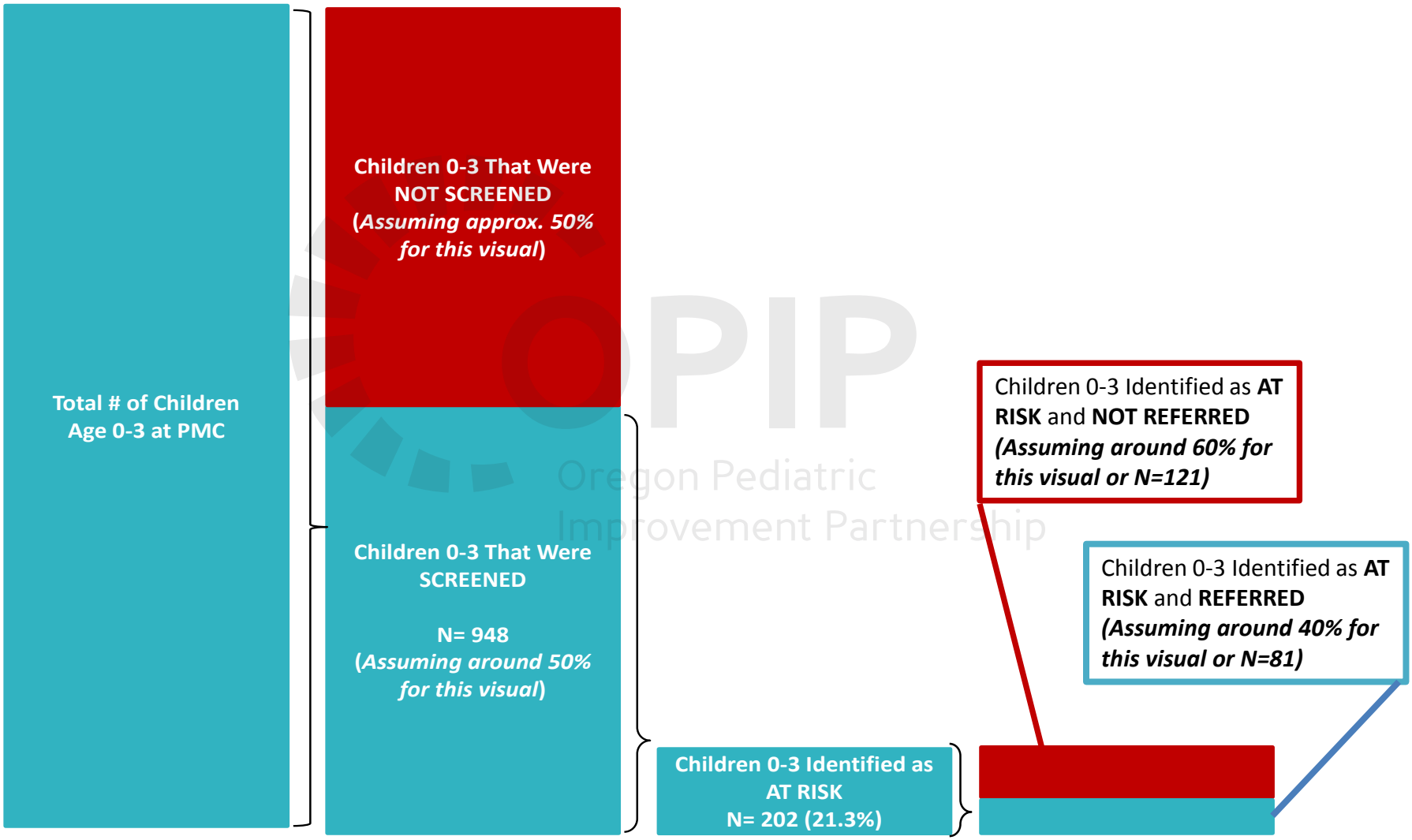


Stakeholder Interviews Findings:
Part 2: Referral of Children Identified At-Risk Based on Screening Tool

- Within Yamhill County, past efforts have focused on referral of at-risk children to Family CORE
- **Group 1: Primary Care Sites**
  - **Not all children** identified at-risk are **referred**
    - Past literature -60% of at-risk NOT referred -- PCPs interviewed not surprised by this statistic & reported it was likely the case in their practice
    - Not a core requirement of metrics to date, therefore not an explicit focus
  - **Lack of standardized processes** and work flows referral, tracking of referral
    - One practice interviewed hands EI card to parents whose children fail
    - Lack of methods for how to communicate to parents of children who are "borderline"
  - Perception that the **entities they refer to are already at a capacity** and have a long wait list, so PCP needs to triage and prioritize who gets referred. Examples of at-risk children not referred:
    - Children who flag based on borderline score status only
    - Children who fail a domain that may be due to lack of exposure
    - Children who fail only one domain
  - **Lack of awareness about how to effectively refer to Early Intervention** and EI evaluation processes (referrals to EI include concerns about medical concerns, parents with substance abuse)
    - Perception that referred children are rarely eligible for services
    - Perception that EI is not able to provide robust enough services, refer to private providers instead
    - Confusion about whether EI open in summer
    - Within Newberg practice, perception of barrier to referring a number in McMinnville
    - Perception about the lack of and/or value of the evaluation services for children with suspected Autism
  - **Referral to Family Core**– One practice uses it, the other did not have it part of their work flow
    - Concern about privately insured children may not be able to get home visiting services

Screening and Referral Processes at PMC

March 2015 to March 2016



Source: Provided by Physicians Medical Center for 3/14/16 Yamhill Stakeholder Meeting

Stakeholder Interviews Findings:
Part 2: Referral of Children Identified At-Risk Based on Screening Tool

Group 2: Screening in Community-Based Settings

- **Sites within the Family CORE Conducting Screening (Babies First, CaCoon, Early Head Start, Head Start)**:
  - **Follow-up** steps a key motivator for the creation of Family CORE; **Routine meetings** are to review best set of services for children for partners within Family Core
    - Current focus on enhanced clarity about the services for each community-based provider.
  - In the past, **limited direct referrals to Early Intervention** as EI was not active partner in Family CORE
    - Children referred to home visiting services for more robust assessment, home visiting nurse support if referral to EI made
    - Previous inability to refer to EI when Family CORE moved within YCCO
  - Looking forward, EI more active partner in Family CORE
    - **BAA allows for Family Core to refer to EI**, potential for "dual" referral process
    - **Barrier to Referrals to EI**: Perceptions of Family Core partners around referrals to EI:
      - Difficulty of the scheduling and evaluation process for families, need for family supports
      - Children referred are not eligible for services
      - Concerns about the timeliness of autism evaluations and results
- **Early Intervention**
  - Of the 158 children referred to EI in 2015, 25% are direct from the family
  - Of children who meet our definition of at-risk (fail ASQ), but are not eligible for EI services, **opportunity to enhance referrals to Family Core** now that the processes are being put in place
  - At-risk children not eligible for EI for which follow-up services are unclear:
    - Children who fail on the **social emotional domain**, behavior issues
    - **Privately insured children** who may not be able to get robust home visiting services

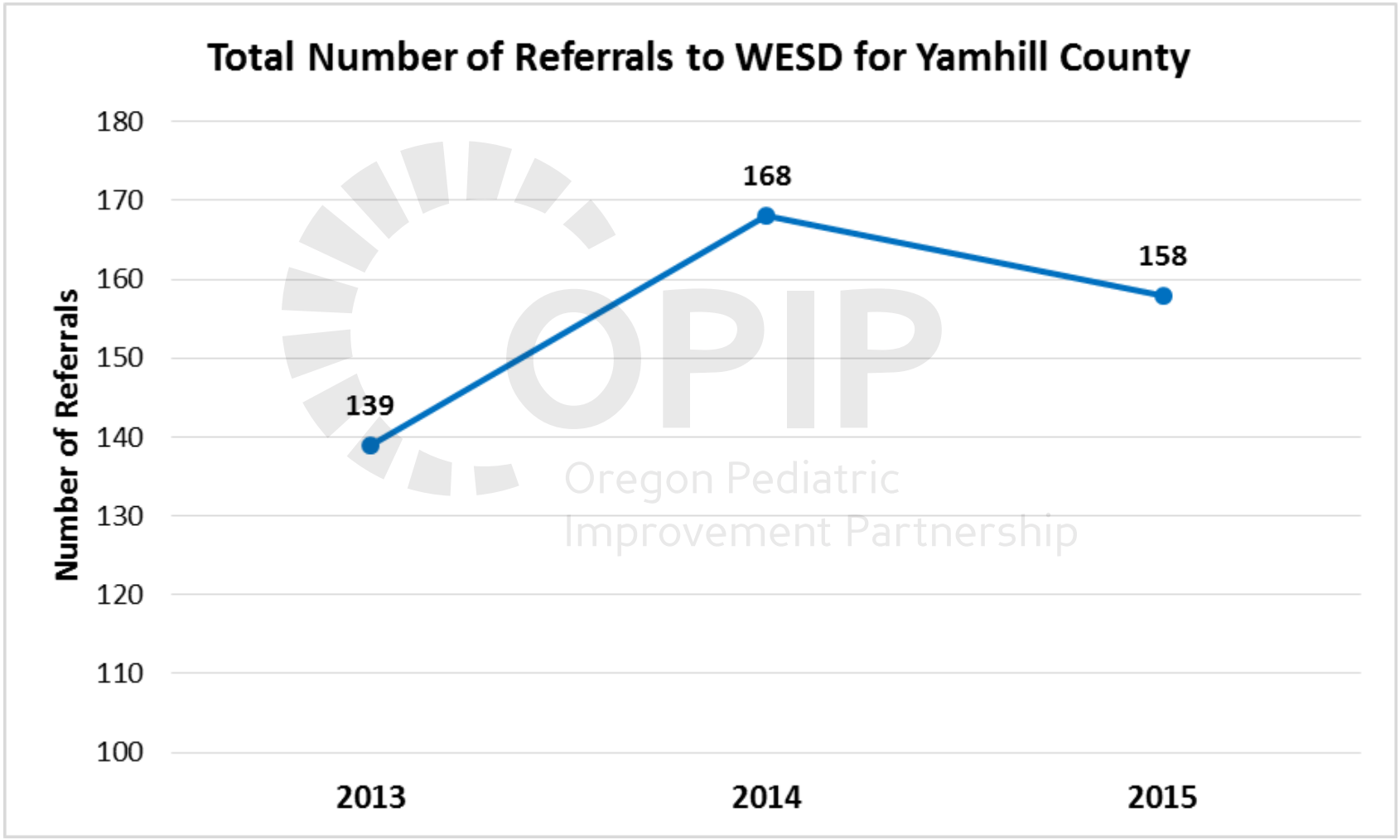
Early Intervention Child Find Rates for Yamhill County

	Child Identification – Birth to One		Child Identification – Birth to Two	
Year	State Target	County Percent	State Target	County Percent
2011-12	0.63%	0.62%	2.10%	1.68%
2012-13	0.64%	0.31%	2.20%	1.62%
2013-14	0.64%	0.46%	2.20%	1.44%
2014-15	0.76%	0.69%	2.20%	1.51%

	Child Identification – Birth to One		Child Identification – Birth to Two	
Year	Expected Based on Census	Special Education Child Count	Expected Based on Census	Special Education Child Count
2011-12	8	8	81	65
2012-13	8	4	85	63
2013-14	8	6	85	56
2014-15	9	9	86	59

Source: Provided by Willamette Education School District for 3/14/16 Yamhill Stakeholder Meeting

Total # of Referrals to Early Intervention (EI) for Yamhill County



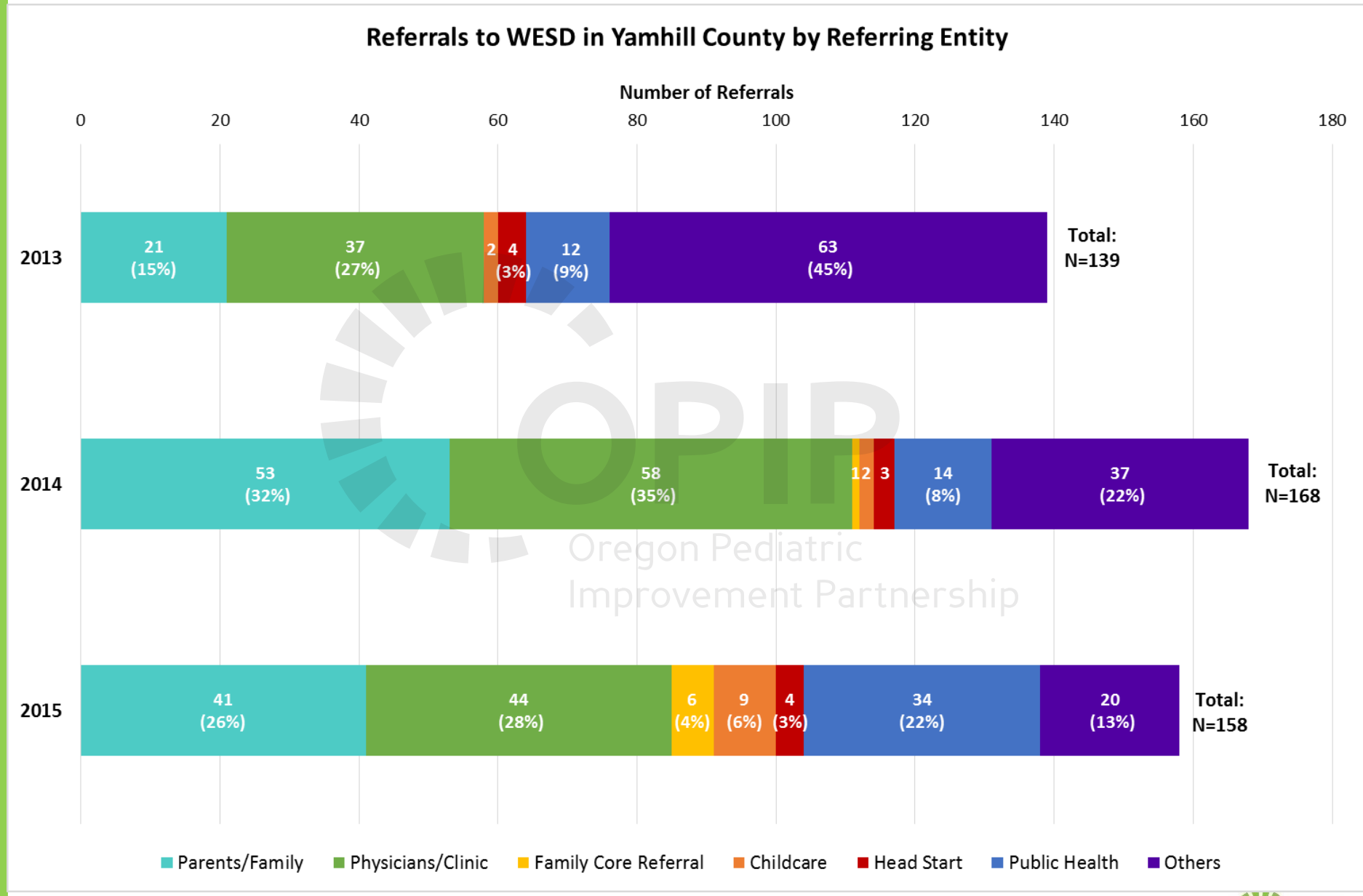
Source: Provided by Willamette Education Service District for 3/14/16 Yamhill Stakeholder Meeting

Referrals to Early Intervention in Yamhill County for Children 0-3 years old

Referrals to WESD in Yamhill County by Age			
	2013	2014	2015
TOTAL (Birth – 3yrs):	139	168	158
Of this, Birth – 1yr	**33** (24%)	**33** (20%)	**39** (25%)
Mean Age of Referral – In Months	21mths	21mths	20mths

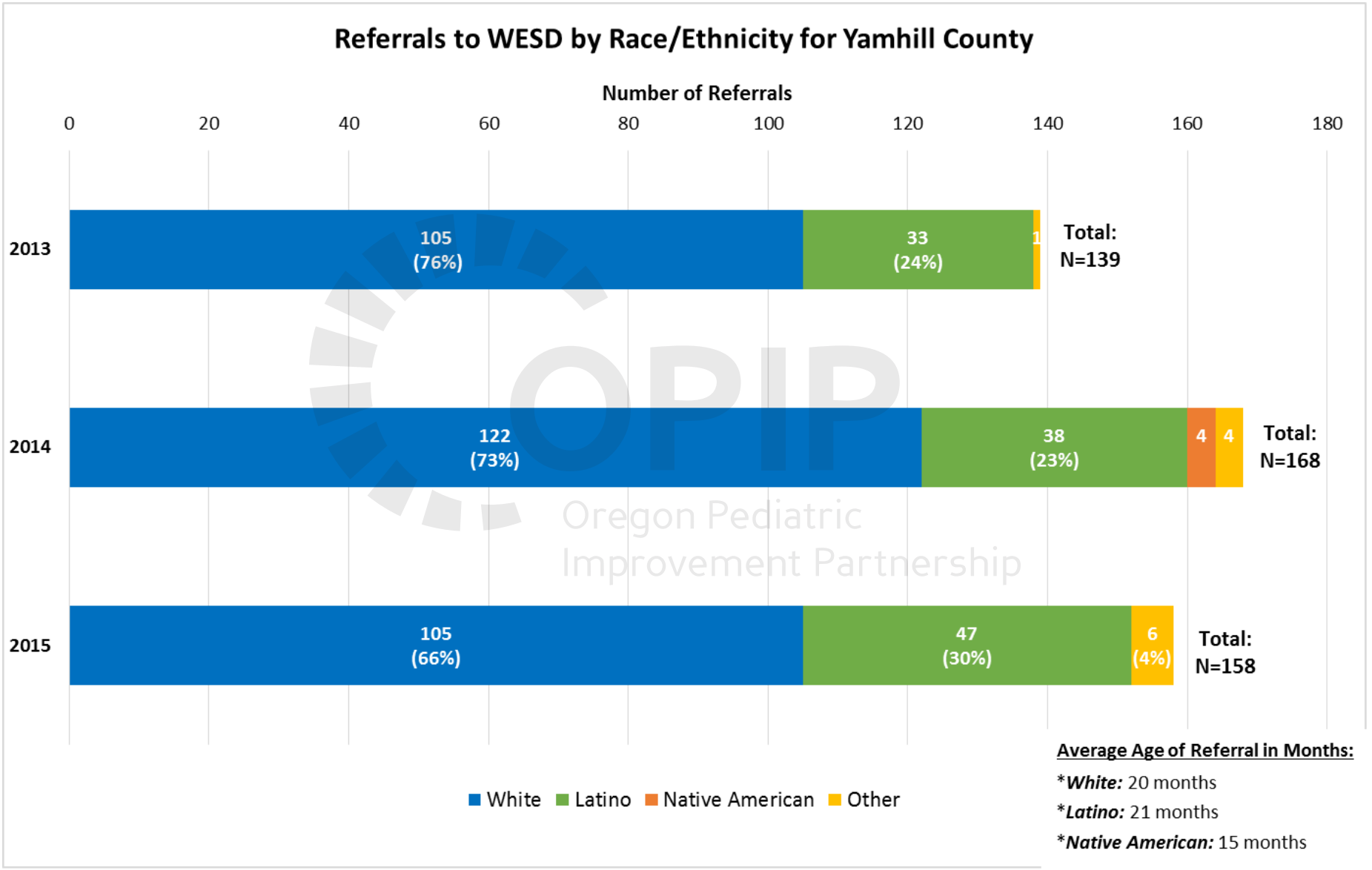
Source: Provided by Willamette Education School District for 3/14/16 Yamhill Stakeholder Meeting

Referrals to EI in Yamhill County: By Referral Source Noted



Source: Provided by Willamette Education School District for 3/14/16 Yamhill Stakeholder Meeting

Referrals to EI in Yamhill County: By Race/Ethnicity of Child



Source: Provided by Willamette Education School District for 3/14/16 Yamhill Stakeholder Meeting

Stakeholder Interviews Findings:
Part 2: Referral of Children Identified At-Risk Based on Screening Tool

Group #2 Continued:

- **Childcare Sites Conducting Screening**:
  - Follow-up steps are unclear
    - Childcare training includes general information about follow-up steps, encourages childcare centers to refer to primary care providers OR give info on EI
  - If chosen as a priority way, need more information about the current processes.
  - Primary care providers report little or no communication and could not recall parents directed to them for children identified at-risk
  - Of the 158 children referred to EI in 2015, 9 were from childcare

- **Online ASQ - Person Completes the ASQ Directly Online**
  - 329 ASQs completed online since 2011
  - Follow up from ASQ Oregon in Yamhill County includes (*on website as part of prompts*):
    - PDF of the completed tool
    - A handout that lists next steps for sharing with PCP and childcare provider
    - Access to hyperlinks to resources
    - Phone number for ASQ Oregon staff member
    - Activities for ASQ and ASQ: SE
    - They are also asked if they would like all of these things to be emailed to them

Findings Related to Part 2: Referral

Implications for Referral and Triage Map

- Tailored, site-level support needed to implement standardized processes and tools related to **referral of children** identified at-risk, and parent-centered approaches to referral that includes feedback loops
  - For Primary Care Sites: Important to remember that workflow and processes need to be for all of children in order to be reliability implemented. Not all kids live in Yamhill County.
  - Includes how to refer, when to refer, and HOW to communicate to the family
- Leverage and **enhance standardized and consistent use of existing referral form/processes**
  - **Universal Referral Form** (Early Intervention) for all kids
  - At the same time, for kids that live in Yamhill, referral to **Family CORE**
- Referral and triage map needs to explicitly include and identify resources that EI & and Family CORE can consider for:
  - Each domain of development in the ASQ, Number of domains failed or borderline
  - Children identified based on borderline scores only
  - Autism evaluation services
  - Children who fail on the social-emotional domain, not found eligible for EI
    - Potential value of leveraging the SIT process given the future impact these children will have the school and kindergarten readiness
  - Children who receive both referrals (in Yamhill) and process for cross communication
  - Children who are privately insured

Findings Related to Part 2: Referral

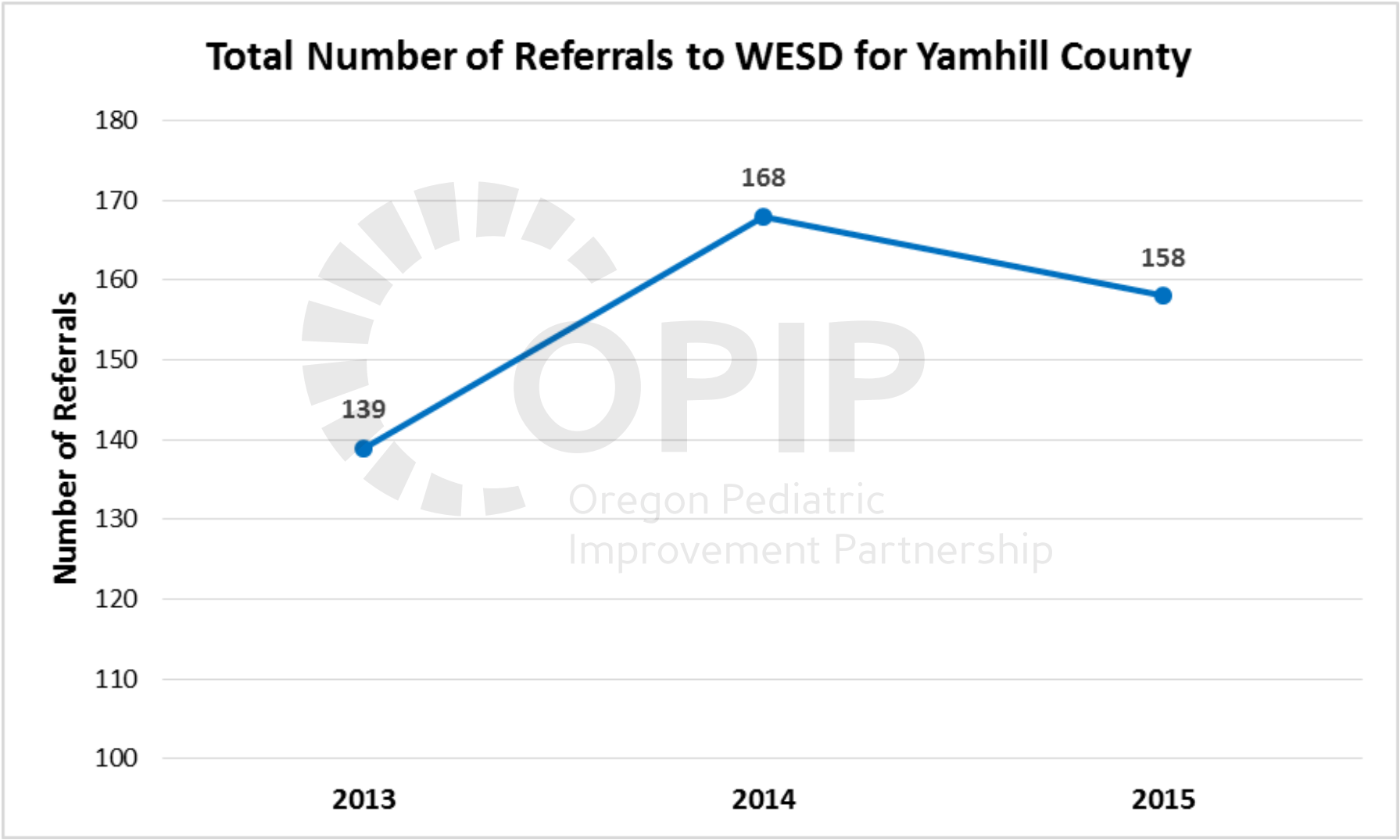
Implications for Referral and Triage Map

- **Important note to consider now:** Increases in referral rates will result in an **increased need for the resources** to which children are referred – think about capacity now
  - Past literature has shown that 19-22% of children will be identified at-risk
  - In PMC alone for children 0-3, at their current screening rates,

    21% identified at-risk ***(Not including screens done at 36 months)***
  - Number of at-risk children in PMC in one year: **N=202**

	12-Months Data: 3/1/2015 - 2/29/2016	TOTAL		9-MOS		18-MOS		24-MOS	
	Total # Screened and Age Distribution (% of total by age):	**948**		**317**	**33.4%**	**241**	**25.4%**	**200**	**21.1%**
	Females	438	46.2%	*133*	*42.0%*	*111*	*46.1%*	*105*	*52.5%*
	Males	510	53.8%	*184*	*58.0%*	*130*	*53.9%*	*95*	*47.5%*
	Screening Results by How Identified At Risk and by Age:								
1	**ALL Pts with ≥ 1 FAIL:**	**141**	**14.9%**	***42***	***13.2%***	***39***	***16.2%***	***29***	***14.5%***
	Females	56	39.7%	*16*	*38.1%*	*20*	*51.3%*	*9*	*31.0%*
	Males	85	60.3%	*26*	*61.9%*	*19*	*48.7%*	*20*	*69.0%*
2	**ALL Pts with ≥ 2 BORDERLINE:**	**91**	**9.6%**	***28***	***8.8%***	***15***	***6.2%***	***27***	***13.5%***
	Females	24	26.4%	*11*	39.3%	*3*	20.0%	*5*	18.5%
	Males	67	73.6%	*17*	60.7%	*12*	80.0%	*22*	81.5%
3	**# with ≥ 1 FAILED *AND* ≥ 2 BORDERLINE:**	**30**	**3.2%**	***10***	**3.2%**	***5***	**2.1%**	***9***	**4.5%**
	Females	8	26.7%	*5*	50.0%	*1*	20.0%	*1*	11.1%
	Males	22	73.3%	*5*	50.0%	*4*	80.0%	*8*	88.9%
4	**TOTAL IDENTIFIED AT RISK ON ASQ**	**202**	**21.3%**	**60**	**18.9%**	**49**	**20.3%**	**47**	**23.5%**

Total # of Referrals to Early Intervention (EI) for Yamhill County



Source: Provided by Willamette Education Service District for 3/14/16 Yamhill Stakeholder Meeting

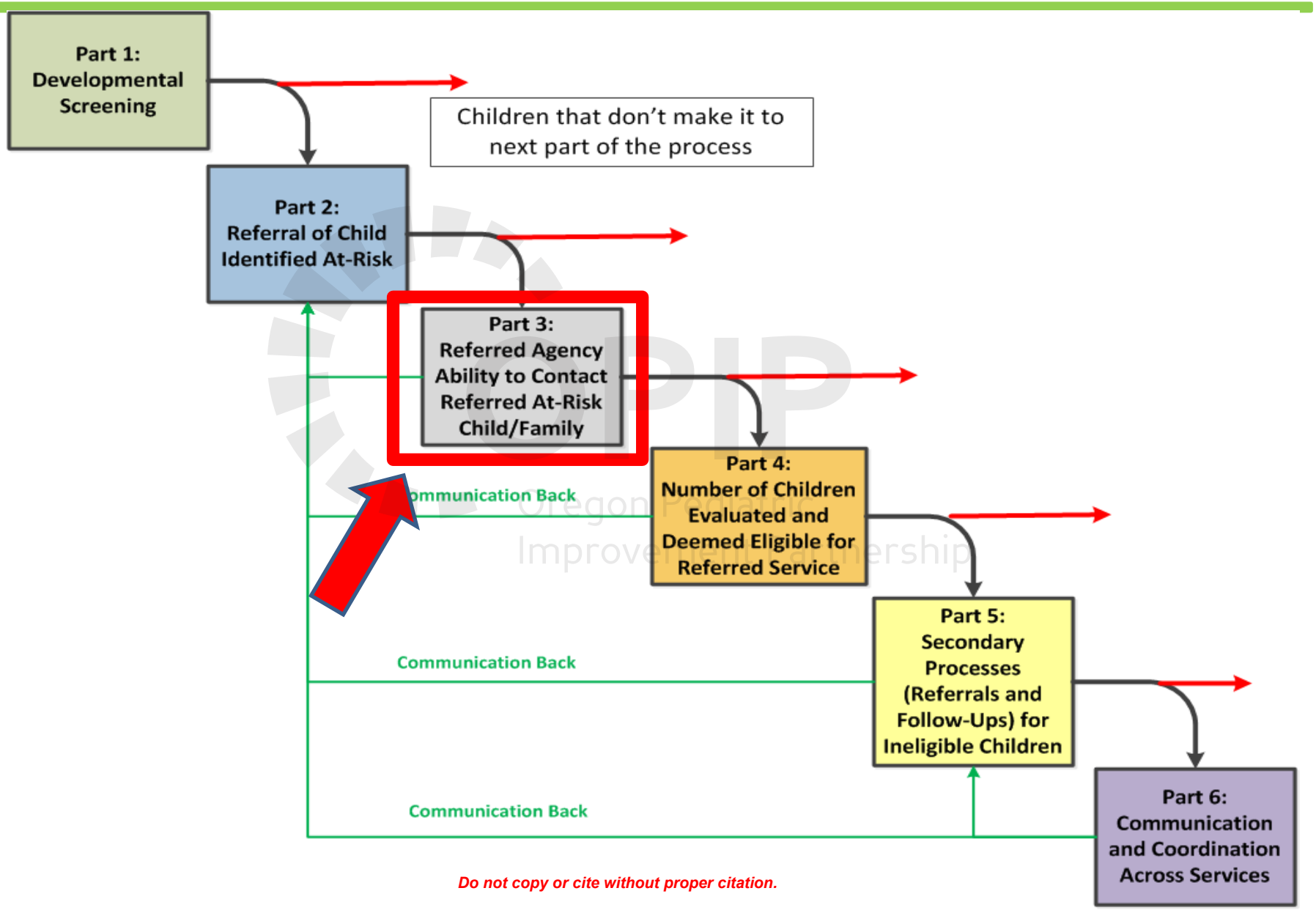
Findings Related to Part 2: Referral

Implications for Referral and Triage Map

- Value of **tracking and evaluation data** to inform current and future resource
  - ***Primary Care Pilot Sites:*** The proposal is to support collection of children identified at-risk, by risks identified, and proportion of at-risk referred. Tracking of the time/date of referral. *
  - ***Early Intervention (WESD):*** Tracking of who referred, when, and by whom. Data stratified by child age, race, and Medicaid eligible. *
  - ***Family CORE*:** Tracking of who referred, and by whom (*Proposal*)

* Enhanced funding to support these efforts through WESD contract.

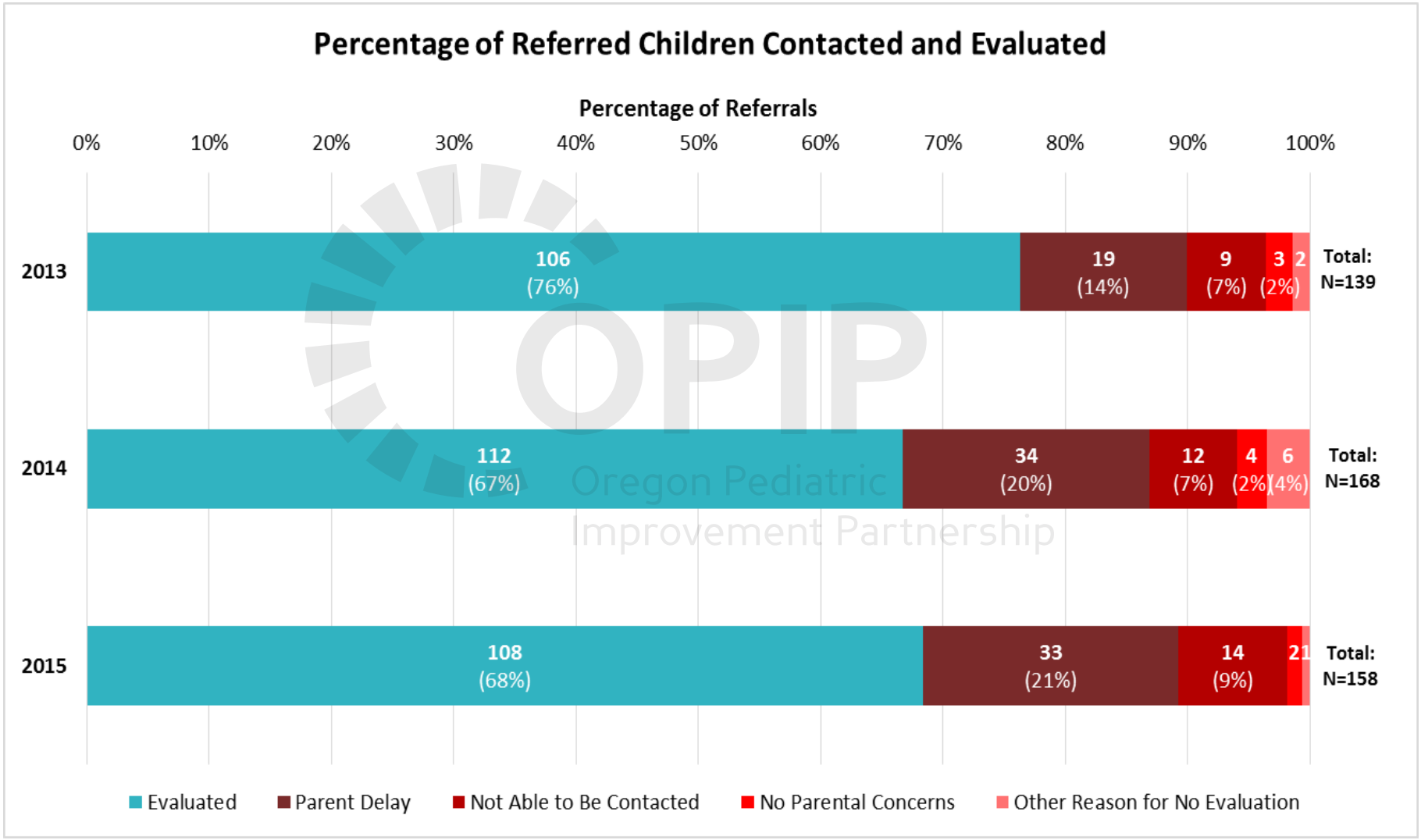
Referral and Triage Map: Strawman



Stakeholder Interviews Findings:
Part 3: Ability of Referred Agency to Contact Child

- Created a specific section in Referral and Triage map given this is a key area where children are lost - up to 50% not able to be contacted
- **Sites within the Family Core that At-Risk Children Are Referred:**
  - **Home Visiting Programs:** Noted barriers to getting families to agree to services
    - Perception that up to 50% of children can't get in (value in "hard data" on this – but lower, other studies have found similar rates)
    - Value in co-location models with high-volume screening sites
    - Value of the "warm handoff"
  - **Early Head Start, Head Start**: First time they have a wait list
- **At-Risk Children Referred to Early Intervention**
  - Ability to contact referred children is real barrier
    - Of the 158 referred to EI in 2015:
      - *N=14* not able to be contacted (8.8%)
      - *N=33* Parent delay, could not make an appt. (20.8%)
      - *N=2* parents were not concerned about child, didn't want evaluation
    - EI now doing monthly tracking of these rates
  - Process for contacting and evaluation is different within Yamhill County
    - WESD passes referral to Newberg to do the evaluations in Newberg

Percentage of Referred Children to EI in Yamhill County: Contact & Evaluation Rates



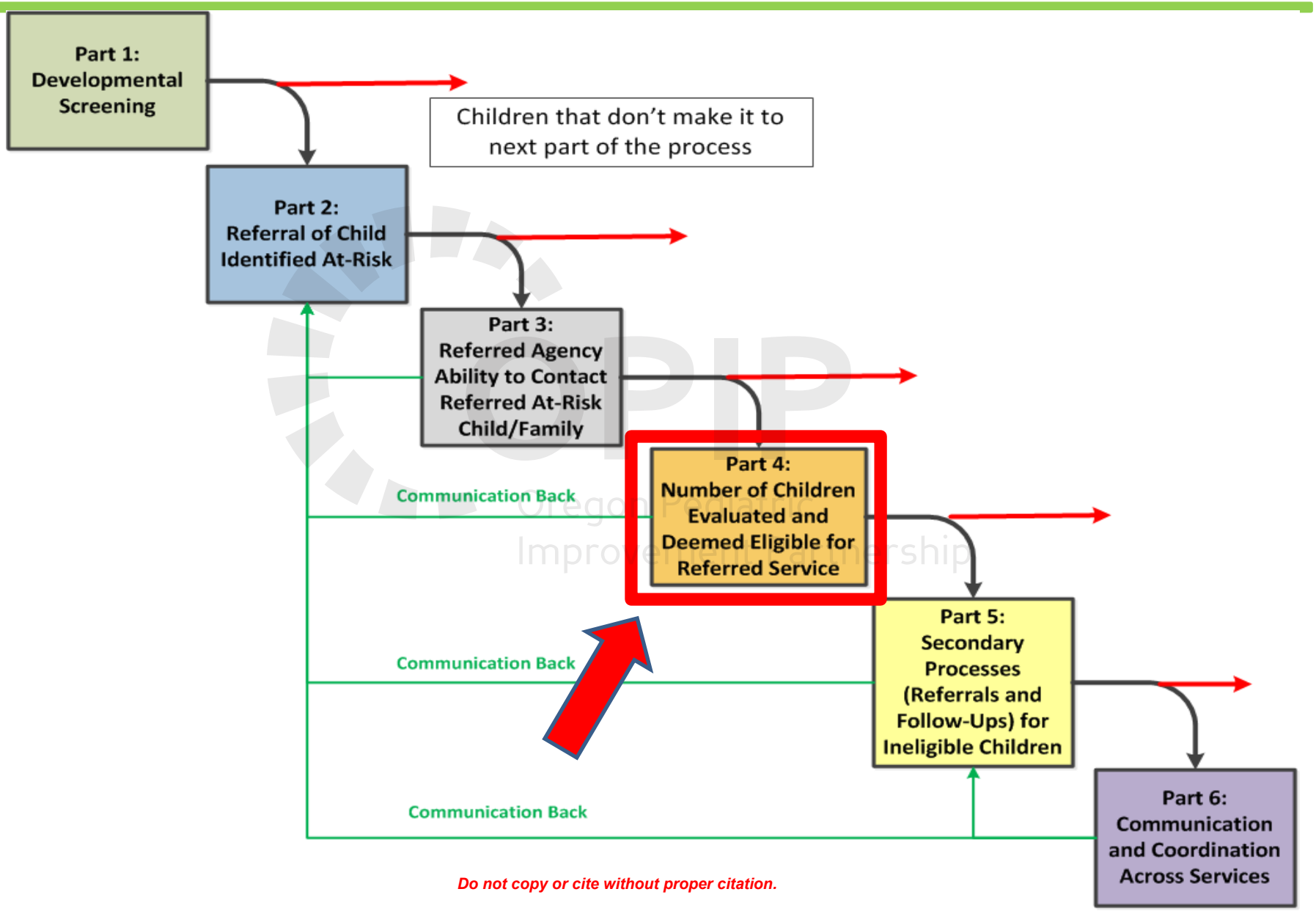
Source: Provided by Willamette Education Service District for 3/14/16 Yamhill Stakeholder Meeting

Findings Related to **Part 3: Referred Agency Ability to Contact**
Implications for Referral and Triage Map

- Important component of the referral and triage map **is processes and methods** for coordination when the **family can't be contacted or denies contact**
  - Partnership centered methods for primary referral agency reaching out *
  - Models to leverage the primary care provider relationship *
  - Models to leverage Family Core partners
  - Potential leverage of other parents in the community or community health worker
- Important component of the referral and triage map is **communication across multiple agencies** that child may have been referred to
  - In potential proposed model, within Yamhill, likely to be EI and Family CORE
- Value of tracking and evaluation data to inform how many children are lost and community resource capacity
  - **Early Intervention (WESD):** Tracking of who referred, proportion able to be contacted, of those contacted. Time from referral to contact to evaluation. Data stratified by child age, race, and Medicaid. Includes data related to Autism Evaluations. *
  - **Family CORE**: Tracking of who referred, proportion able to be contacted by agency(ies) they are referred to (*Proposed*)
  - **Home visiting programs**: Tracking of who referred, proportion able to be contacted, proportion able to start providing services of those contacted. (*Proposed*)

* *Enhanced funding to support these efforts through WESD contract.*

Referral and Triage Map: Strawman



Stakeholder Interviews Findings:
Part 4: Number of Children Evaluated, and Deemed Eligible for Services

- **At-Risk Children Referred to Services Within Family Core**

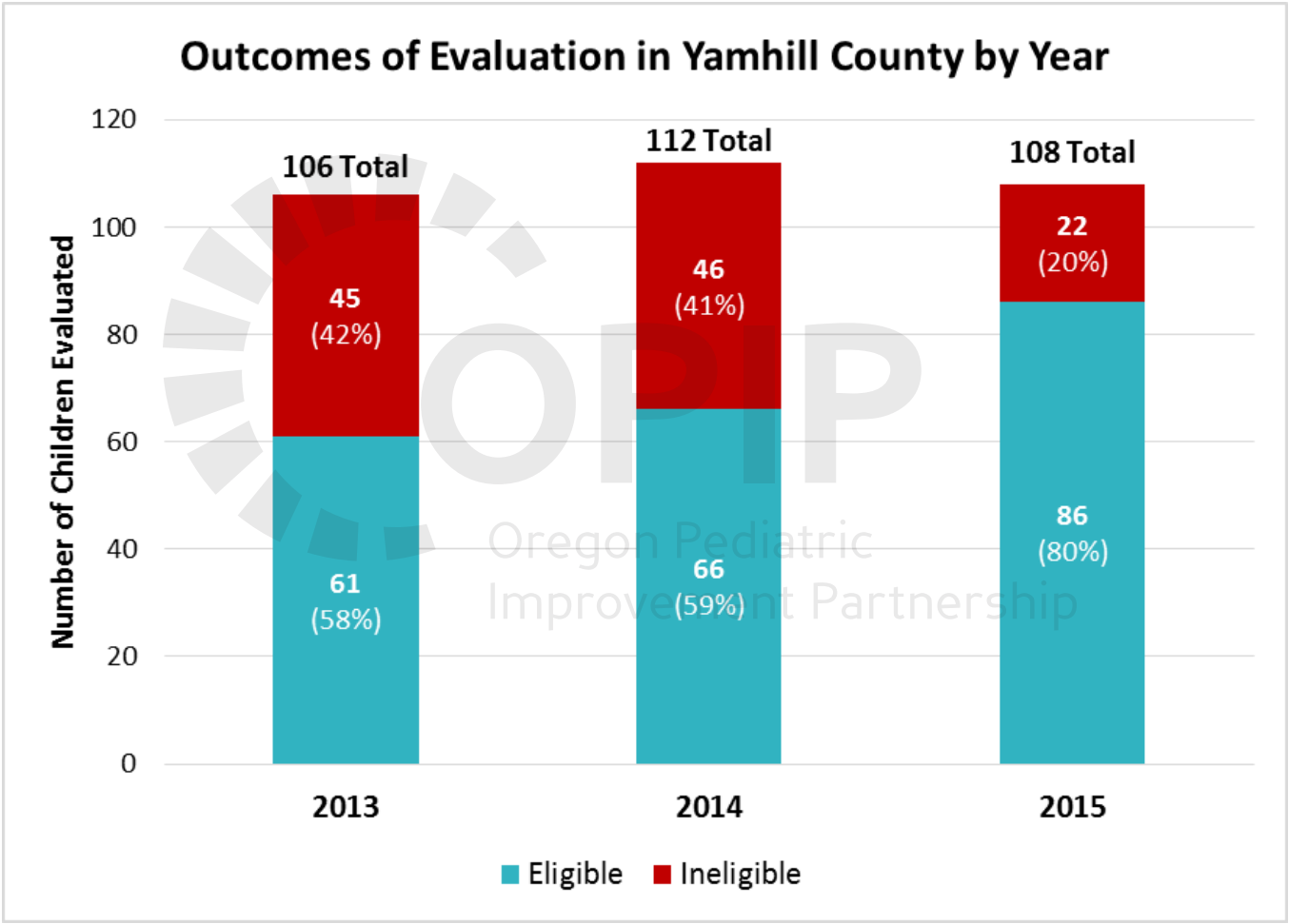
  Babies First, CaCoon, Early Head Start/ Head Start, Family Place Relief Nursery, Healthy Families-Healthy Start, Maternity Care Management, Mothers and Babies, Responsible Moms

  - For practices who serve children that live outside Yamhill, Family Core is not an option
    - Focus of efforts in Marion and Polk will be around processes in those counties
  - In general, not yet noted as an issue overall that children are not eligible
  - Potential Issue: Home Visiting Programs and Ability to Provide Services
    - Priority triaging needs to be for publicly insured children that case management can be billed
    - Children not eligible for CaCoon unless they have a medical diagnosis
      - Barriers to medical diagnoses for social-emotional issues

- **Early Intervention (Becoming active partner in Family Core, Keeping Separate Given Specific Nuances for At-Risk Children)**
  - Perception of sig. delays in time from referral to evaluation to services
  - Perception that majority of children referred are not eligible for services
    - Value in examining past data and processes *
    - Value in prospectively tracking, reporting on these processes *

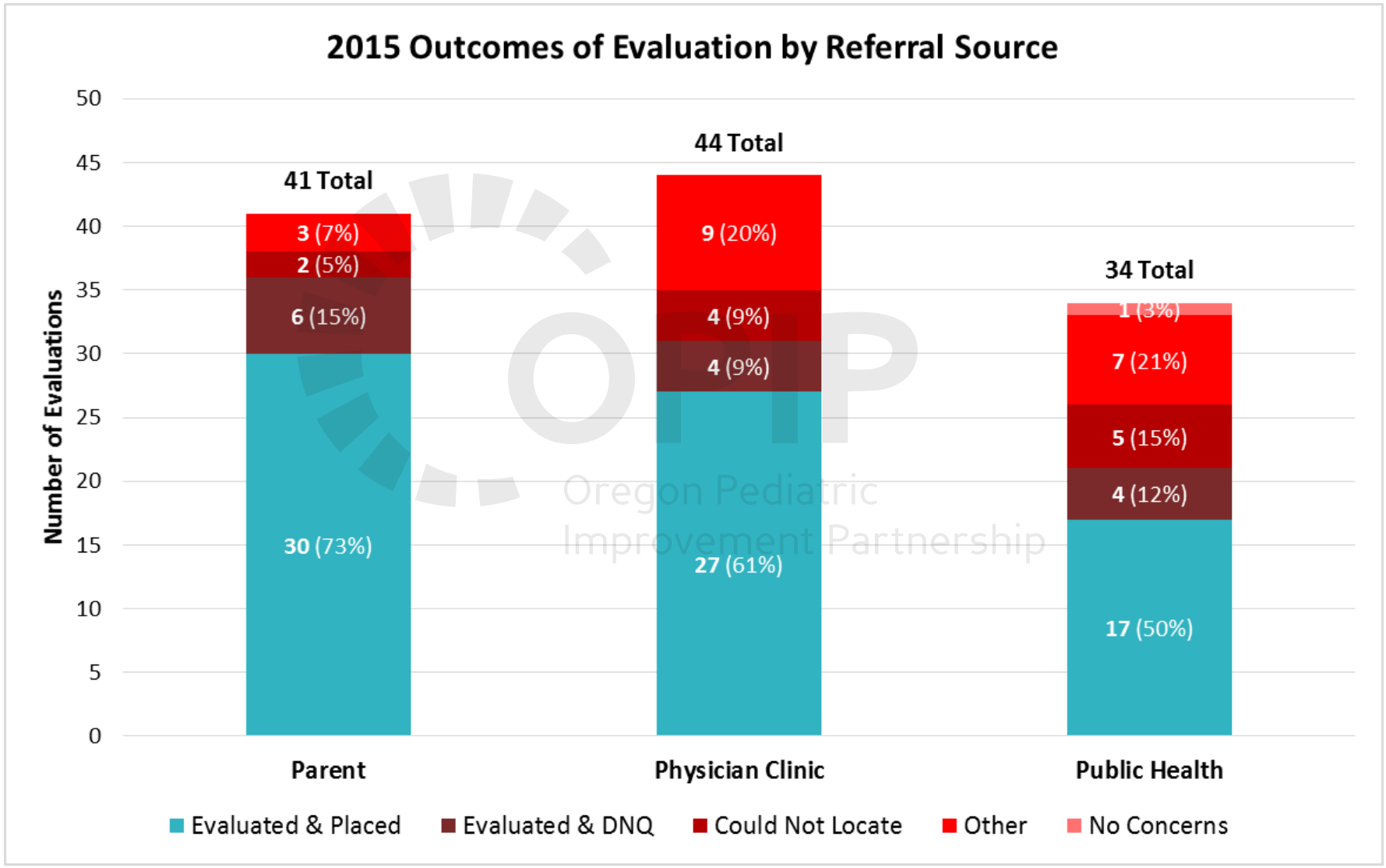
** Enhanced funding to support these efforts through WESD contract.*

Of Children Contacted and Evaluated by EI in Yamhill County: Outcomes of Evaluation by Year



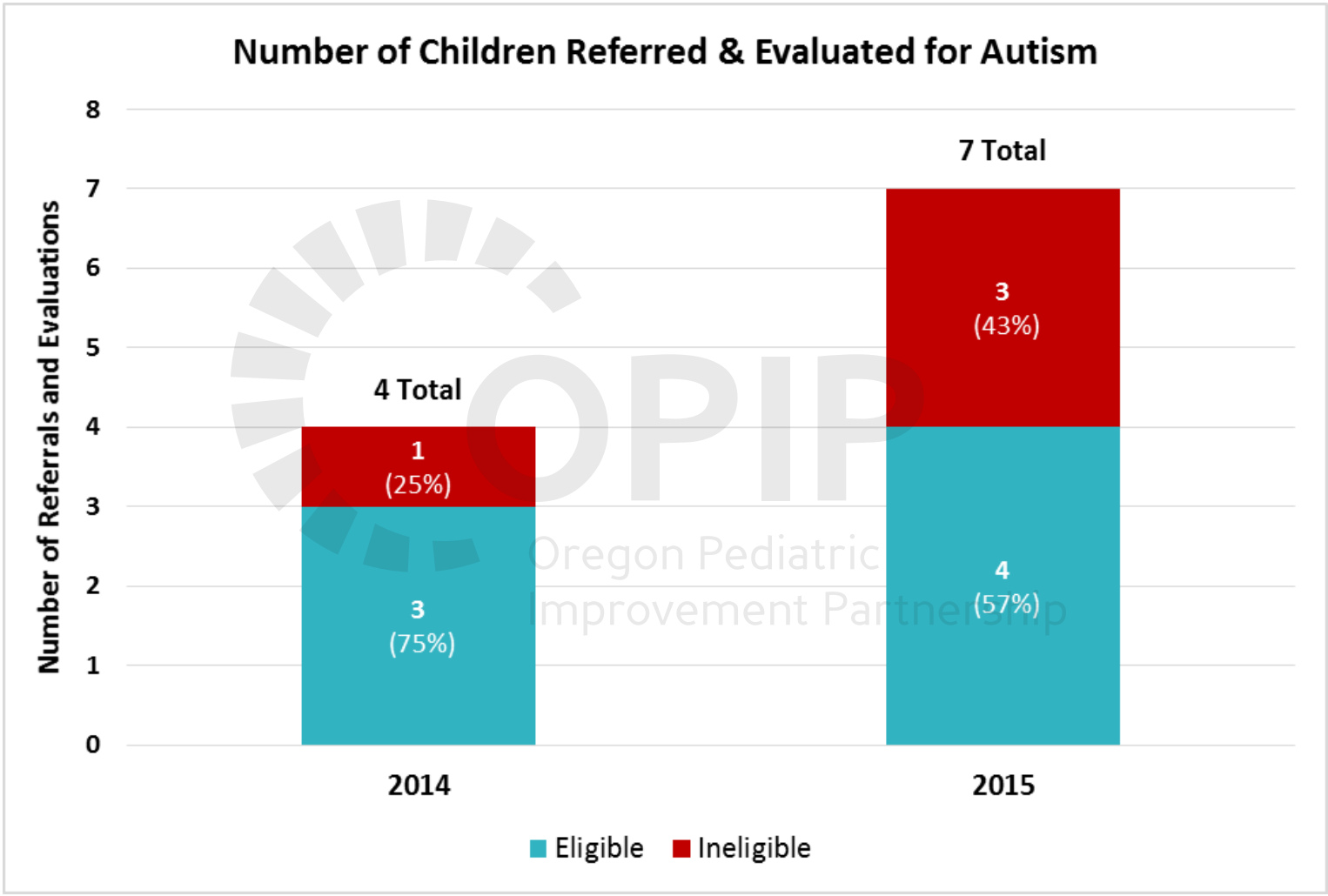
Source: Provided by Willamette Education School District for 3/14/16 Yamhill Stakeholder Meeting

Of Children Contacted and Evaluated by EI in Yamhill County: Outcomes of Evaluation by Year: By Referral Source



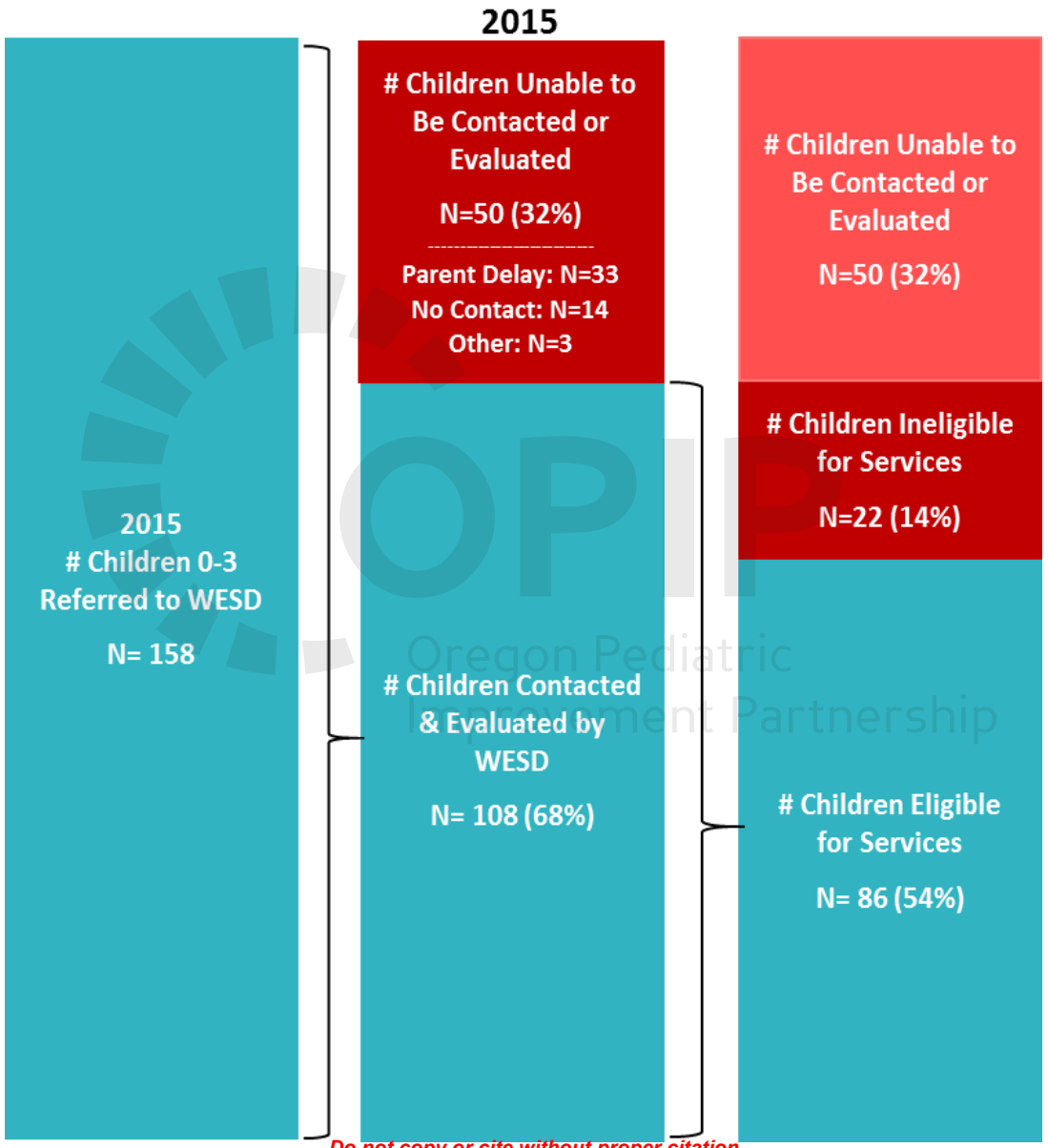
Source: Provided by Willamette Education School District for 3/14/16 Yamhill Stakeholder Meeting

EI Autism Evaluations in Yamhill County



Source: Provided by Willamette Education School District for 3/14/16 Yamhill Stakeholder Meeting

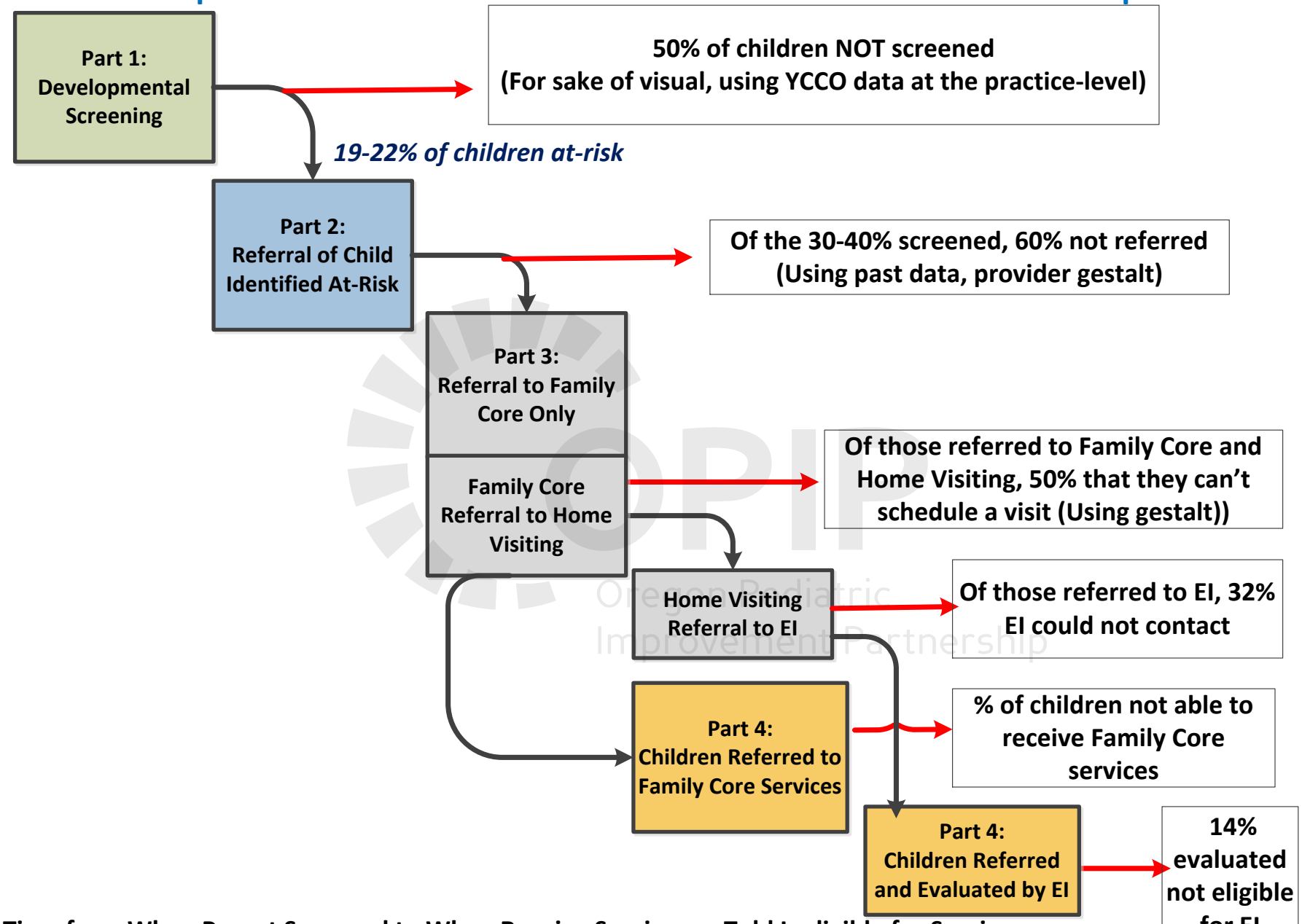
Within Process of Referral, Contact and Evaluation by EI in Yamhill County: Where Do Children Fall Out?



Total Referred & not Eligible for Services: 46%

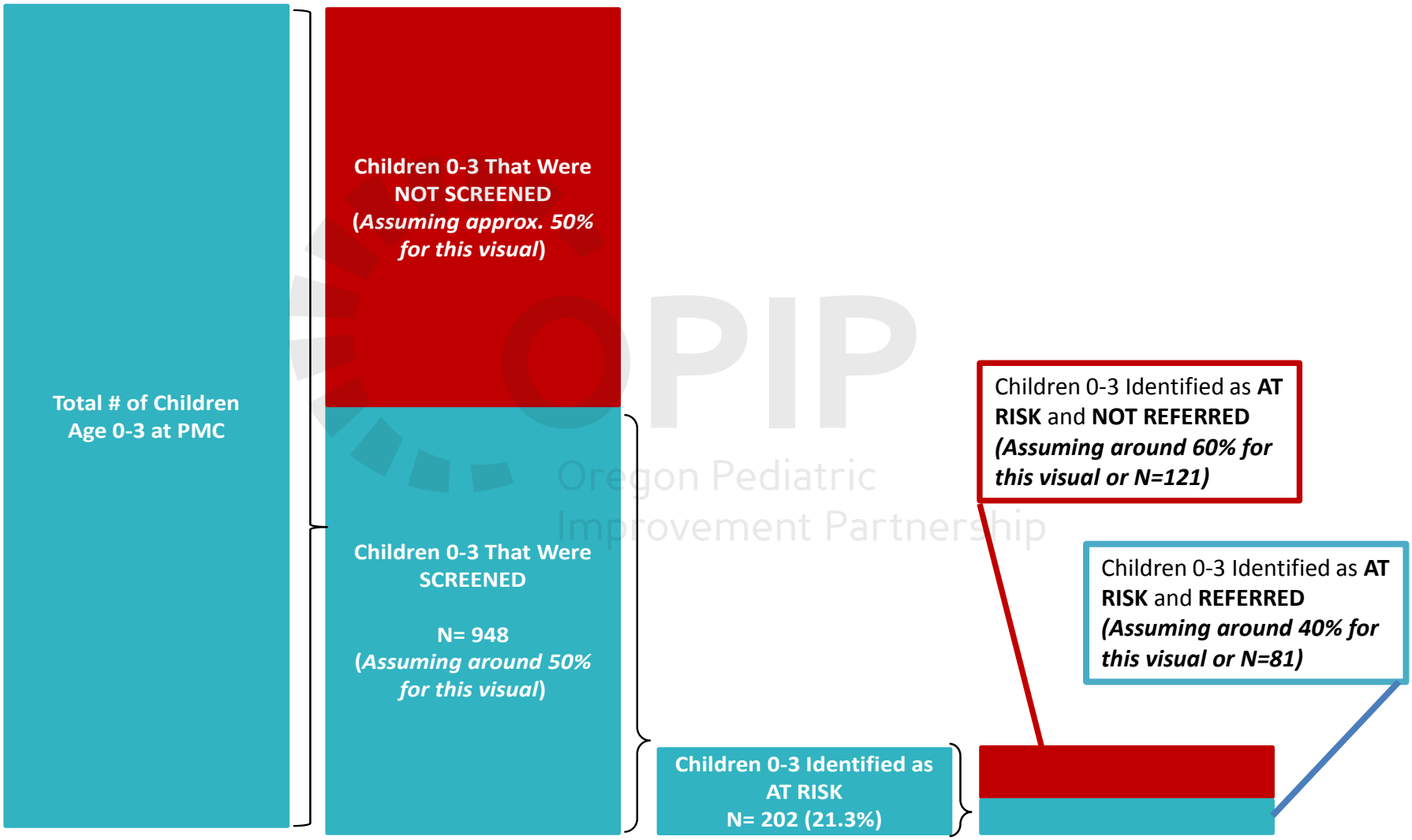
Source: Provided by Willamette Education School District for 3/14/16 Yamhill Stakeholder Meeting

Example of Where At-Risk Children "Fall out" Process: Potential Example in PMC



Screening and Referral Processes at PMC

March 2015 to March 2016



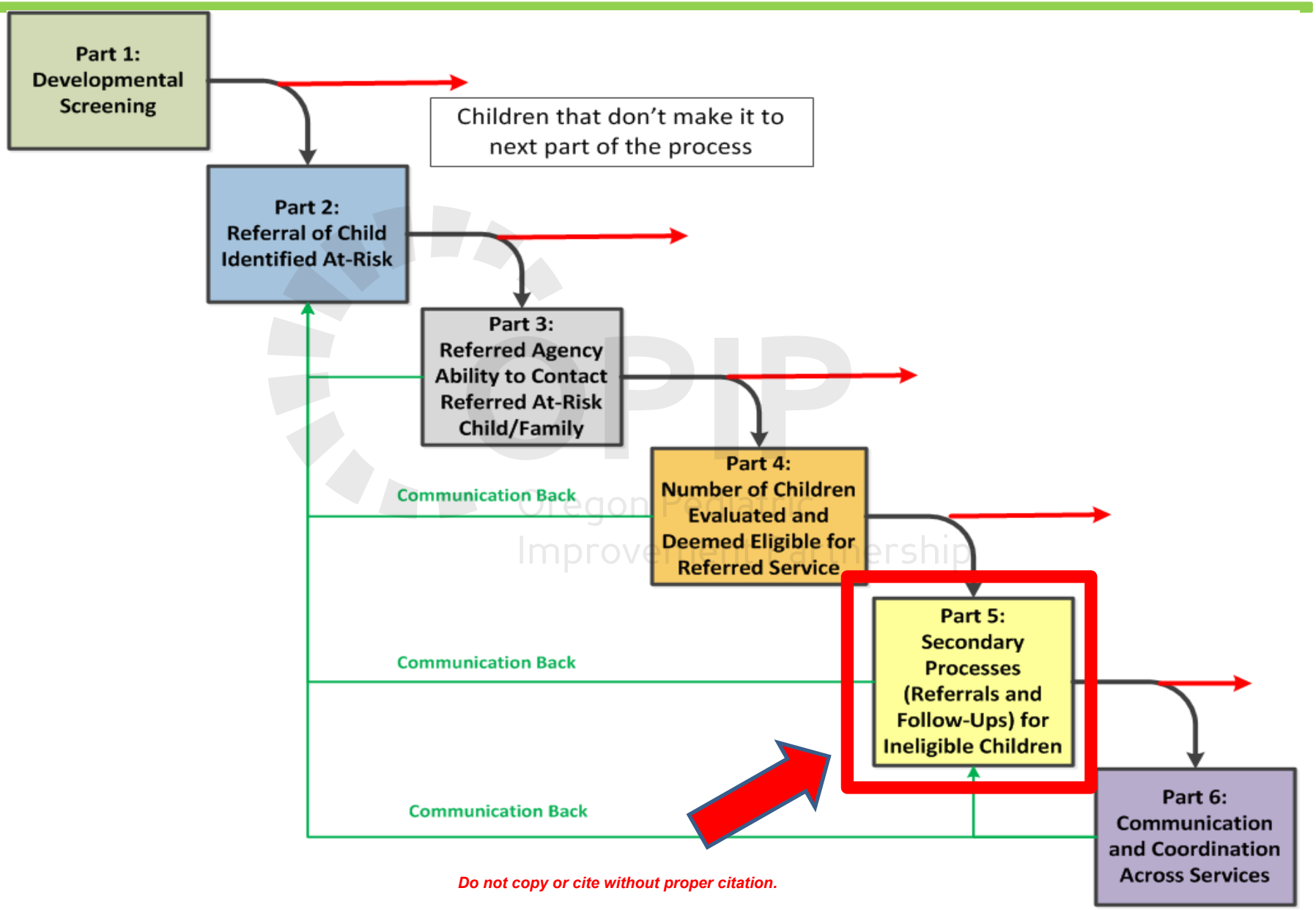
Source: Provided by Physicians Medical Center for 3/14/16 Yamhill Stakeholder Meeting

Findings Related to Part 4: Number of Children Eligible for Referred Service Implications for Referral and Triage Map

- Value of tracking and evaluation
  - ***Family Core Referral***: Tracking of agencies able to, and not able, to serve child (*Proposed*)
  - ***Home visiting programs:*** Tracking of children who failed ASQ, who were not able to receive services due to need to triaging of the home visiting services (*Proposed*)
  - ***Early Intervention (WESD)* :*** Proportion evaluated not eligible to receive services. Time from referral to contact to evaluation to receipt of services.
  - Descriptive information of children ineligible.
    - Data stratified by child age, race, and Medicaid.
    - Data stratified by risk factors referred (Link referring provider data on what put them at-risk with EI data)
      - **Identify which kids – up front – likely to NOT be eligible**

* *Enhanced funding to support these efforts through WESD contract.*

Referral and Triage Map: Strawman



Stakeholder Interviews Findings:
Part 5: Secondary Processes (Referrals, Follow-Up Steps) for Ineligible Children Within Referred Program

- **Primary Care Sites**
  - Unclear about what to do when not eligible for service (particularly within EI)
  - Lack of clarity about OTHER resources
  - Ineligible children that stakeholders noted barriers to identifying follow-up resources:
    - Children with deficiencies related to social-emotional regulation, behavior issues
    - Autism – Provider feels they have autism, EI evaluation results say they "don't"
    - Children who were borderline on two or more domains
- **Sites within the Family CORE (Babies First, CaCoon, Early Head Start, Head Start)**:
  - Generally this was less of an issue noted by partners interviewed
  - At-risk children that lack of available follow-up services was noted:
    - Children with deficiencies related to social-emotional regulation– Need for family therapist; Awareness of future impact on kindergarten readiness
    - Autism
- **Early Intervention***
  - Value to EI in referring eligible AND ineligible children in Yamhill County to Family CORE
    - Importance of cross communication to avoid duplication of efforts
    - Value of family feedback about patient-centered process
  - Importance of emphasis on having the child come back again for evaluation
  - Barriers to services noted earlier

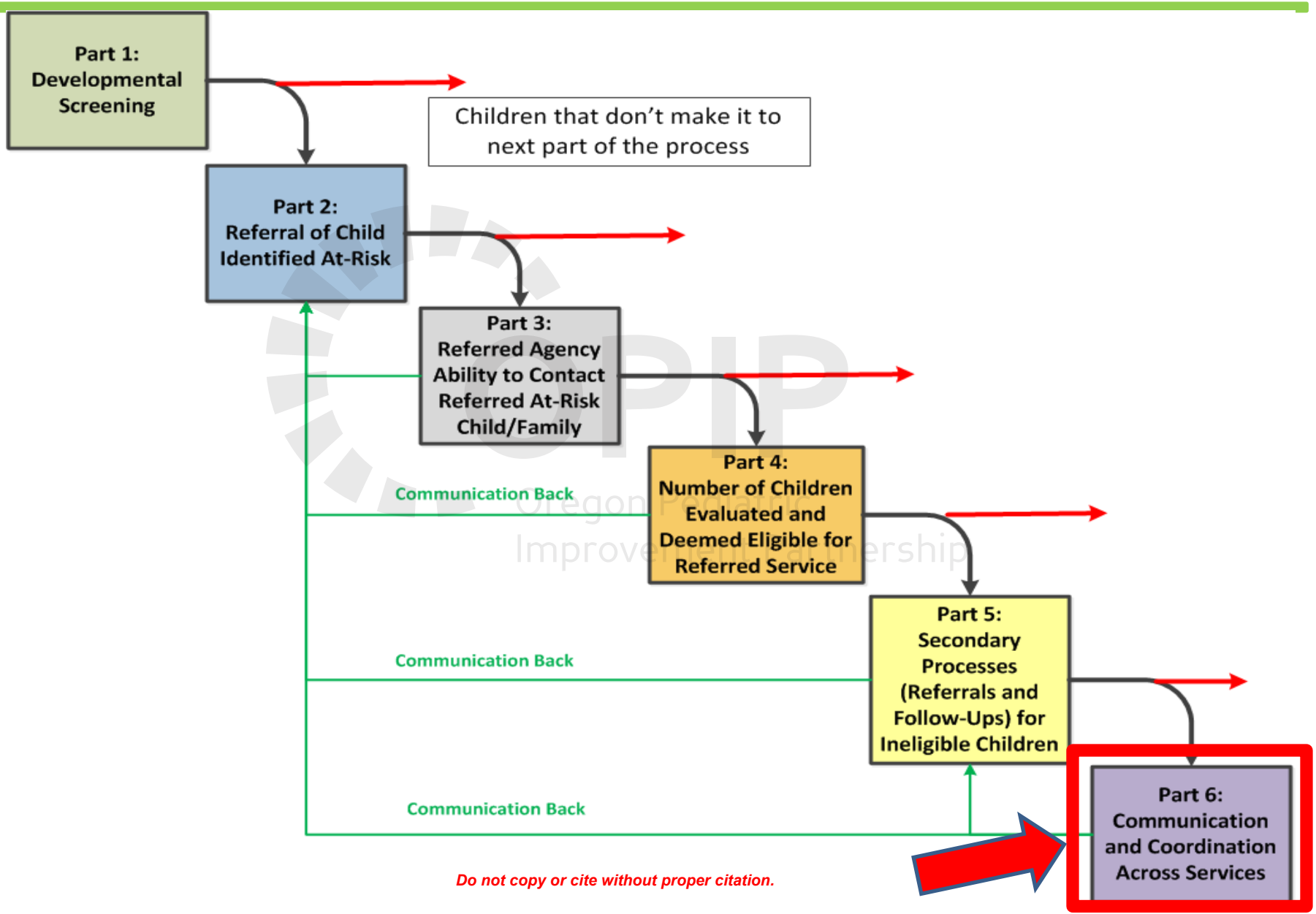
** Enhanced funding to support these efforts through WESD contract.*

Findings Related to **Part 5: Secondary Processes for Ineligible Children**
Implications for Referral and Triage Map

- Important component of the referral and triage map is **processes and methods for coordination** when child is NOT eligible for services → which entities are the **2nd level of referral OR what are the next steps** for the primary referring agency
  - Tailored, site-level support needed to implement standardized processes
    - Example: Promotion and retesting processes within Primary Care
- One Potential Option for Children in Yamhill: Family CORE reviews for **robustness of service** and other options when a concern is noted
  - Process for when a child is eligible, but services are not robust enough to meet need
  - Potential value in identification of services that are covered through **medical coverage**
  - For children with social emotional issues, potential value of leveraging the SIT process → correlation with kindergarten readiness and value of early engagement
- Value of **tracking and evaluation data** about the number of children found ineligible for services for whom a 2nd follow-up was not able to be identified
  - Early Intervention (WESD) data*
  - Family Core

** Enhanced funding to support these efforts through WESD contract.*

Referral and Triage Map: Strawman



Stakeholder Interviews Findings:
Part 6: Coordination and Communication Across Primary, Referred Resources

- **Primary Care Sites**
  - **Timely communication** noted as **primary need and hope** for this project by PCP
  - Need for methods and models for **tracking communication in PCPs offices**
  - Lack of awareness about **different communication reports** from EI that could be identified through Universal Referral Form
  - Value in communication back about **delays in contact and evaluation**

- **Sites within the Family CORE (Babies First, CaCoon, Early Head Start, Head Start)**:
  - Current focus for improvements is **timely communication and across service communication**, so timely and aligned with project

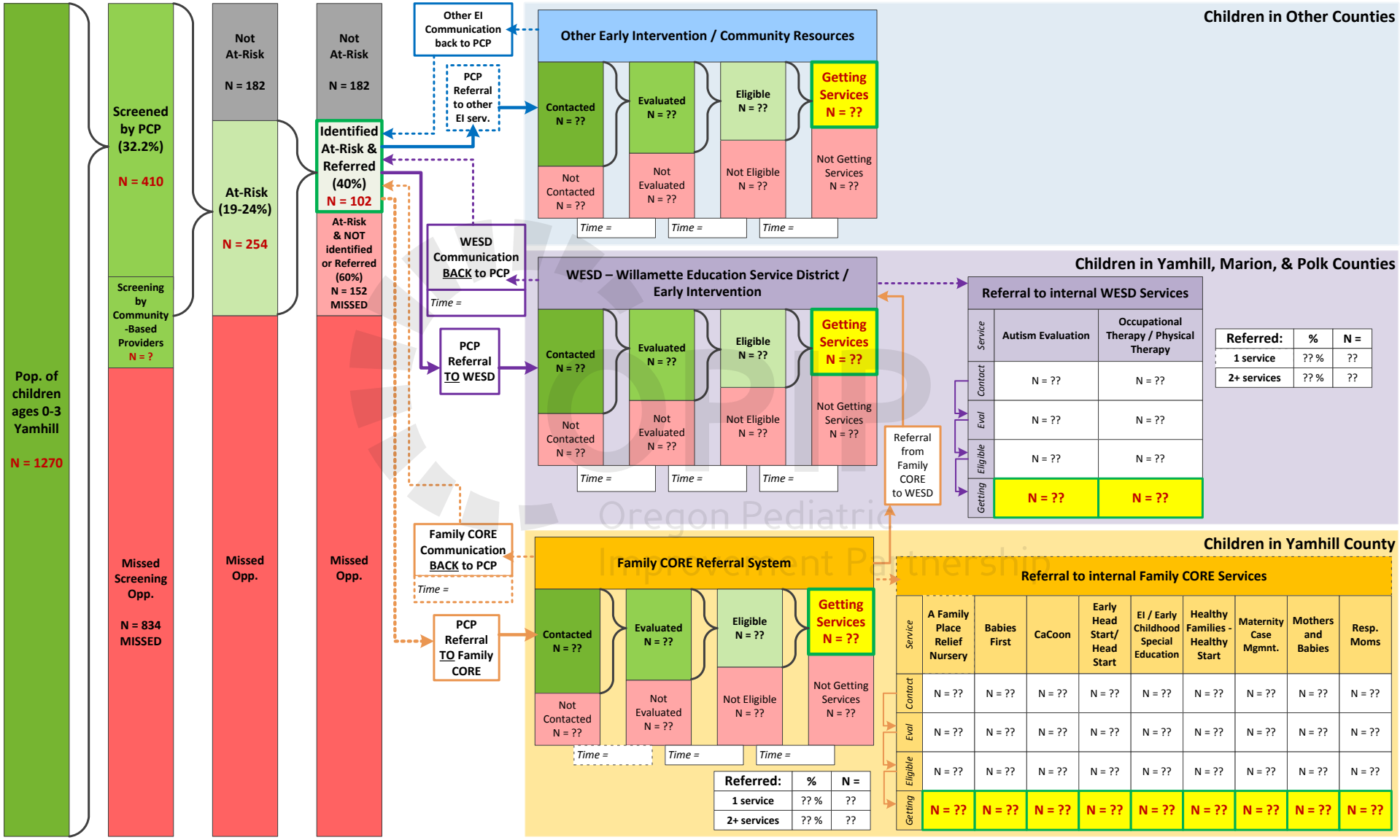
- **Early Intervention (Becoming active partner in Family Core)***
  - Current focus for improvements is timely communication, so timely and aligned with project

** Enhanced funding to support these efforts through WESD contract.*

Findings Related to **Part 6: Communication and Coordination** **Implications for Referral and Triage Map**

- Tailored, site-level **models for communication** across agencies may be valuable
  - For Primary Care Sites: Important to remember that workflow and processes need to be for all of children in order to reliability be implemented. Not all kids live in Yamhill County.
- **Leverage and enhance standardized communication forms** and methods
  - Universal Referral Form Communication Form Templates
  - Family CORE feedback letter
- **Stakeholder interviews** about communication forms and information
  - Ensure information is the most meaningful and useful
  - For Children in Yamhill County within Family Core, communication template that periodically provide updates across multiple services
- **Tracking of communication and timeliness of communication** (again, what is measured on is what is focused on)
  - Within each site, tracking communication back to referred agency (what is measured is what is focused on)

Referral and Need for Triage Map: Complex Set of Factors



For This Project:

Need to Keep it Simple, Specific, & Refined to Priority Areas

Using this information and thinking of the priority goals for this project….

OPIP's proposal of **TOP FIVE** areas of focus within the referral and triage map:

Within Sites Doing Screening:

1) Improve referral processes for sites that are doing developmental screening
   - Making sure children identified, get referred using standardized systems and process
   - Referral processes are patient-centered

For At-Risk Children Referred:

2) Communication about whether referred agency able to contact child for referral, collaborative efforts to enhance contact rates
3) For children evaluated/contacted, communication about outcome of evaluation
4) Development of a community-specific triage process for children found ineligible for primary referred service to identify a secondary follow-up process
5) Referral and follow-up steps for children found ineligible, communication about this to referring provider

Priority Area #1: Improve referral processes for sites that are doing developmental screening

OPIP's Proposal for Pilot Site Outreach & Focus:

(WESD contract NOW provides implementation support)

1) Physician Medical Center (PCP #1) - McMinnville
2) Brigman/Whittaker (PCP #2) - Newberg
3) High-volume child care site that serves sig. number of children served by one of the PCPs Sites & Areas where School Kinder-readiness data low

PCPs:

- Training **and** implementation support on standardized referral processes and patient-communication
  - Universal Referral Form
  - For kid who live in Yamhill County, Family Core Referral
- Referral Tracking, Overall and By Domains of Risk

Childcare:

- Training on:
  - Methods for providing information about EI
  - Methods for communication with families about HOW to communicate with PCP

Priority Area #2-3: Communication from Referred Agency about Contact and Evaluation/Service Provision

OPIP's Proposal for Pilot Sites and Focus:*

1) WESD- EI
2) Family Core
3) PCPs

Development/Refinement of the following:

- Communication methods with referring provider when contact can't be made
- Patient-centered methods for outreach & engagement when contact cannot be made
- Data tracking and evaluation of children who are not able to be contacted, Time from referral to contact
- Data tracking and evaluation of communication, Time from referral to contact to Evaluation/Service Provision

Priority Area #4: Development of a community-specific triage process children found in-eligible for referred service

OPIP's Proposal for Focus:

- Asset and strategy mapping
- Development of a community-specific triage process for children found ineligible for primary referred service to identify a secondary follow-up process

Engage stakeholders to review data on children found ineligible for services within EI and Family Core to identify secondary follow-up steps and referral options:

1) WESD- EI
2) Family Core
3) PCP sites
4) YCCO with knowledge about medical services available

As appropriate:

5) Members of the SIT team (once refined group of children identified)
6) Presentation at the Early Learning Council

Priority Area #5: Implementation of Process for Ineligible Children Developed in Priority Area #4

OPIP's Proposal for Pilot Site and Focus:*

1) WESD- EI
2) Family Core
3) Other Identified Stakeholders Who can Address Risks Identified

Development/Refinement of the following:

- Implementation of secondary referral methods
- Implementation of secondary supports (Learning Activities, Retesting)
- Communication about this to referring provider with a note about additional steps they may take
- Data tracking and evaluation of ineligible children referred for other services, processes

How will we know if we have had an impact?

- Previous stakeholder meeting noted the importance of evaluation and tracking data to assess efforts
- Proposal for feasible data collection methods within the scope of this project and WESD project

Evaluation & Data Tracking: In Addition to Stakeholder Interviews*

- **Primary Care Pilot Sites – OPIP Support**
  - Data collected aligned with Maintenance of Certification (MOC) requirements
  - Chart Data

    Proportion of Children Screened:
    - Of those identified at risk, number referred (**goal is to increase**)
      - Number referred, PCP heard back from referring agency (**goal is to increase**)
- **WESD (EI in Marion, Polk and Yamhill Counties)- WESD Collect**
  - Number of children referred (**goal is to increase**)
  - Referral source (**goal is to increase "good" referral, informed by ASQ, from providers**)
  - Referred children that are able to be contacted (**goal is to increase**)
    - Of those able to be contacted, the number of children evaluated
    - Of those able to be contacted, length of time from referral to completed evaluation (goal is to decrease)
      - Of those evaluated, the number of children found eligible/ineligible
      - Of those evaluated, the number for whom information was sent back to the referring provider (**goal is to increase**)
        - Of those evaluated and identified as not eligible
        - Of those evaluated and identified as not eligible, the number referred to other services (**goal is to increase**)
        - Of those evaluated and identified as not eligible, the number of services referred to in order to address risks

** Enhanced funding to support these efforts through WESD contract.*

Family CORE Data That Would Be Valuable: A Proposal

- Referrals to Family Core (**goal is to increase**)
  - For Those Identified At-Risk, Number of Children Referred to EI (Goal is to Increase)

- Of those referred for Family CORE that were identified at risk on developmental screening tools:
  - Agency referred to, number referred to (**goal is to increase**)
  - Agency referred to able to contact family (**goal is to increase**)
  - Time from referral to Family Core to agency contact of the family (**goal is to decrease**)
  - Proportion of children referred to agency that received service (**goal is to increase**)
  - Communication across Family CORE providers(**goal is to increase**)
  - Communication back to referring provider (**goal is to increase**)

Key Next Steps with Referral & Triage Map

- Parent stakeholder interviews
- Engagement of partners and pilots sites confirmed as priorities today
- Development/enhancement of referral and communication methods
- Community asset mapping for specific risk identified in the ASQ and within the community-level resources

Stakeholder Meeting

- Follow-up with individuals on parking lot issues or areas where further info needed
- Next group-level July 2015

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